**Instructions**

* *This form is for registration of new distributors for the Dutch inputs list. It must be submitted only once by each company, before submitting the first product application.*
* *Registration is only possible for distributors, and not for other companies (see Application Guidance, chapter 3.1).*
* Information given in the coloured fields may be published in the Dutch Input List
* Fill in the form by computer (no handwriting).
* Print form, sign, scan and send to FiBL by e-mail (contact: see https://dutchinputlist.fibl.org).
1. Company Details to be shown in the Dutch inputs list

|  |  |
| --- | --- |
| Company name |  |
| Company address |  |
| Phone *(only 1 per company)* |  |
| E-mail *(only 1 per company)* |  |
| Homepage *(only 1 per company)* |  |
| Does the company sell inputs to end-users in The Netherlands? *(for seed treatment products, seed treatment companies count also as end-users)* | [ ]  yes [ ]  no |
| Does the company hold ctgb registrations? | [ ]  yes [ ]  no |
| Is the name of your company printed on product labels? | [ ]  yes [ ]  no |

1. Contact person(s) for questions and correspondence by the evaluation team

(not shown in the list)

|  |  |
| --- | --- |
|  | [ ]  Mister [ ]  Miss |
| Name |  |
| E-mail |  |
| Direct phone number |  |

1. Invoicing address

(not shown in the list)

|  |
| --- |
| ☐ Please send invoices to the address shown above.☐ Please send invoice to the following address: |
| Company name |  |
| Company address |  |
| Department |  |
| Invoicing code etc. |  |
| Contact person, name |  |
| Contact person, phone |  |
| Contact person, E-Mail |  |

1. Confirmation and signature

The undersigned confirms that the information given in this form is correct and complete, that the placing on the market of products complies with the relevant EU and Dutch legislation and that the company has read and fully agrees with the General Business Contract published on the website of the Dutch input list.

|  |  |
| --- | --- |
| Place |  |
| Date |  |
| Signature |  |