



To the
 Anti-Fraud Office
 Financial Police
 Central Coordination Office
 Brehmstraße 14
 1110 Vienna

REVOCATION of the appointment as the responsible representative

Please note: ALL fields in the form are required and must therefore be completed.

1. Employer	
1.1 Company (name / full commercial firm name) <input type="text"/>	
1.2 Postal code (legal headquarters) <input type="text"/>	1.3 City <input type="text"/>
1.4 Address (Street, building number) <input type="text"/>	
2. The appointment as the responsible representative	
2.1 <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	2.2 Title <input type="text"/>
2.3 Surname <input type="text"/>	
2.4 First name(s) <input type="text"/>	2.5 Date of birth <input type="text"/>
is revoked.	
3. Spatial (local) area of responsibility	
3.1 Job location/construction site (Austria-wide/federal state) <input type="text"/>	
3.2 Construction activity <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Date of revocation:	
4.1 Revocation (dd.mm.yyyy) <input type="text"/>	4.2 Departure from company (dd.mm.yyyy) <input type="text"/>

bmf.gv.at

Bundesministerium
Finanzen



Date, signature

