



To the
 Central Coordination Unit of the Federal Ministry of
 Finance for the Control of Illegal Employment
 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)	1.3 City
<input type="text"/>	<input type="text"/>
1.4 Address (Street, building number)	
<input type="text"/>	

2. The appointment as the responsible representative	
2.1	2.2 Title
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	<input type="text"/>
2.3 Surname	
<input type="text"/>	
2.4 First name(s)	2.5 Date of birth
<input type="text"/>	<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)	4.2 Departure from company (dd.mm.yyyy)
<input type="text"/>	<input type="text"/>

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Date, signature

