



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)

1.2 Postal code (legal headquarters)

1.3 City

1.4 Address (Street, building number)

2. The appointment as the responsible representative

2.1

☐ Mr. ☐ Ms.

2.2 Title

2.3 Surname

2.4 First name(s)

2.5 Date of birth

is revoked.

3. Spatial (local) area of responsibility

3.1 Job location/construction site (Austria-wide/federal state)

3.2 Construction activity

☐ Yes ☐ No

4. Date of revocation:

4.1 Revocation (dd.mm.yyyy)

4.2 Departure from company (dd.mm.yyyy)

bmf.gv.at

Bundesministerium
Finanzen



Date, signature