



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"/> |
| <b>is revoked.</b>  |                      |

| 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

