



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)

Date, signature

