Applicant exit no.:	RAR-OCP entry no.:
RAR entry no.:	Licensing file no.:
PACKERS LICENSING APPLICATION	
PACKE.  CENT  a initial b extension b.1 previous licensin	limitation □ re-licensing □ g no
1 APPLICANT IDENTIFICATION	
Line number with the Trade Register:	Family Association:
	Bank:
1.4 Address: Fax:	Postal Code:
Type:	
Manufacturer / Brand:	
License number:  Number of the certificate of conformity:  2.2 The premise(s) where the partitioning and	packing take place:
3 APPLICANT'S STATEMENT  We hereby state that we acknowledged an in the procedure "Packers Licensing", code AA-0 We hereby undertake to send the document	ntation required for the licensing process, according to to provide the information required for the assessment
Appointed person for the relation with RAR-OCP	<ul><li>name:</li><li>Signature:</li><li>Telephone/fax:</li></ul>
Legal representatives of the Applicant:	-
(position, name) <sup>1)</sup>	
Signature and stamp	Signature and stamp
General Manager or equivalent position     Economic Manager or equivalent position	Date
I he form will be filled in leg	ibly, preferably with capital letters.