

# Supplier Declaration

Please: Insert your Company's Logo

**\*\*\* By signing this document, you are representing that you are authorized to make claims on behalf of your company in regards to REACH, and that such claims can be relied upon \*\*\***

Company Name: ..... (please insert your Company Name)

**LIST OF PRODUCTS YOUR COMPANY SUPPLIES TO LANDIS+GYR:**

<b><u>Part(s) or Product(s)</u></b> <i>[Please note: This is the BUYER'S (Landis+Gyr) internal Part number that usually starts with the CAPITAL letter: Pxxxxxxxx or Mxxxx]</i>	<b><u>Manufacturer Part Number(s) (MPN)</u></b> <i>[Please note: This is YOUR, as supplier to Landis+Gyr, internal part number: xxxxxxx]</i>

**DECLARATION OF REACH SVHC COMPLIANCE**

The tables below list part(s)/product(s) which **do** and which **do not contain** substances on the Candidate List of Substances of Very High Concern (SVHC). This list is specified by the European Union Directive 1907/2006 on the Registration Evaluation Authorization and Restriction of Chemicals, which can be viewed here: [echa.europa.eu](http://echa.europa.eu)

**REACH Parts List with NO SVHCs present at more than 0.1% w/w:**

<b><u>Part Number(s)</u></b> <i>[Please note: This is the BUYER'S (Landis+Gyr) internal Part number that usually starts with the CAPITAL letter: Pxxxxxxxx or Mxxxx]</i>	<b><u>Manufacturer Part Number(s) (MPN)</u></b> <i>[Please note: This is YOUR, as supplier to Landis+Gyr, internal part number: xxxxxxx]</i>	<b><u>Part(s) Description</u></b> <i>[Please note: This section refers to the description of the supplied part(s)]</i>

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**REACH Parts List WITH SVHCs present at more than 0.1% w/w:**  N/A

<u>Part Number(s)</u> <i>[Please note: This is the BUYER'S (Landis+Gyr) internal Part number that usually starts with the CAPITAL letter: Pxxxxxxxxx or Mxxxx]</i>	<u>Manufacturer Part Number(s) (MPN)</u> <i>[Please note: This is YOUR, as supplier to Landis+Gyr, internal part number: xxxxxxx]</i>	<u>Part(s) Description</u> <i>[Please note: This section refers to the description of the supplied part(s)]</i>	<u>Substance Present</u> <i>[If Applicable]</i>	<u>CAS Number</u>	<u>Concentration (% w/w)</u> <i>[If Applicable]</i>

**Print Name:** .....  
*(person authorized to sign this document)*

**Signed:** .....  
*(signature)*

**Title:** .....  
*(title of person authorized to sign this document)*

**Date:** .....  
*(date of signature)*

**Please stamp here:**