

Corporate Sensitivity
PUBLIC

REACH Declaration
Regulation (EC) N°1907/2006

SUPPLIER information			
Supplier's name			
Supplier's address			
Contact person			
Telephone number			
E-mail address			
REACH status			
Are you a member of the European Economic Area?		Which country?	

SUPPLY information (one from per order number)		
Name of the related NAVAL GROUP Program		
Supply order No.		
Supply description		
Number of units delivered	Quantity	Unit

DECLARATION & Dates of access to the ECHA site (European CHemical - http://echa.europa.eu/fr/regulations)			
Substances on the Candidate List			
I declare that the supply does not contain any substance listed in Candidate list in a concentration exceeding 0.1% by weight		Date of access:	
Authorisation and Restriction			
I declare that the supply does not contain any substance of very high concern (SVHC) as listed in appendix XIV		Date of access:	
I declare that the supply does not contain any substance subject to restrictions as listed in appendix XVII		Date of access:	
<i>If at least one of the 3 answers to the above questions is « No », please complete the table on next page</i>			

Information to be submitted (tick the box)	
I guarantee the provision of a safety data sheet (FDS) compliant with REACH Regulation if I provide substance or mixture in my supply.	
I declare that I have passed on to my suppliers the need to obtain information on the hazardous nature of substances, mixtures or items.	
I notify NAVAL GROUP at the earliest on any stock shortage of my supply in the event of prohibition or restriction of use of a substance included in its composition or manufacturing process. I specify whether or not a substitute is under examination.	

The declaration below gives the quantity of hazardous substances contained in :	Unit
1	

If you have more than 10 substances to report, you have the possibility to add a table (see button "Add 1 table" at the bottom of the table on page 2)

Please turn over

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DECLARATION Table of REACH Substances						
Article or chemicals	Name of the substance	CAS or EC No.	REACH Appendix concerned or candidate list	Quantity		Location in the device and useful information
				Mass	Unit	

Place :

Date :

I, the undersigned, _____, acting as _____, and duly authorized for the present purposes, declare that this form is established to the best of my knowledge at the date of the signature of this form.

Signature of the company legal representative:

--NAVAL GROUP Restricted--	Declaration identification No. :	--NAVAL GROUP Restricted--
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