

**Trade Remedy Investigation Bureau of MOFCOM (Policy and Regulation Division)**

**Address: No.2, Dong Chang'an Avenue, Beijing**

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**Notes: The content of this form is for registration of participating in investigation and may also be used as the basis for sampling. The interested parties, governments of the interested countries (regions) shall fill in the form truthfully. In accordance with Article 21 of the *Countervailing Regulations of the People's Republic of China*, if an interested party, government of the interested country (region) fails to reflect situations and provide relevant materials truthfully, fails to provide necessary information within a reasonable time, or seriously impedes an investigation in any other way, MOFCOM may make a determination according to facts already obtained and the best information available.**

**Registration Form for Certain Dairy Products Countervailing Investigation**

**-Foreign Producer or Trading Company**

**Category: Foreign Producer    Foreign Trading Company**

\_\_\_\_\_ (Company name), hereby applies to the Ministry of Commerce of the People's Republic of China to respond to the countervailing investigation on imported Certain Dairy Products originated from the European Union. We hereby provide the basic information of our company as follows:

Registered name of the responding company: \_\_\_\_\_

Chinese name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Legal representative: \_\_\_\_\_

Contact person: \_\_\_\_\_

(If your company has retained counsel, please provide the information here)

Retained law firm: \_\_\_\_\_ (Please attach the original form of Power of Attorney)

Address: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Appointed attorney-at-law for this case: \_\_\_\_\_

**I. Export Information**

Period	Export Volume to China (MT)	Export Value to China (USD)
2020		
2021		
2022		
2023		
January-March, 2024		

**II. If your company has affiliated companies in the countries (regions) subject to the investigation or in China, which produce the product concerned or like product, please provide the following information:**

Company Name	Country (Region)	Brief Description on the Affiliation Relationship

To the best of my knowledge, the information reported above is complete and accurate.

Company seal: \_\_\_\_\_

(and/or) Signature of legal representative: \_\_\_\_\_

Date: \_\_\_\_\_