

 Feidhmeannacht na Seirbhíse Sláinte Health Service Executive	For completion by Office Premises Ref	
	Processed	
	Verified	
	Registered	
Retailer established in the Republic of Ireland		
REGISTRATION FORM FOR CROSS-BORDER DISTANCE SALES OF TOBACCO PRODUCTS, ELECTRONIC CIGARETTES AND/OR REFILL CONTAINERS Regulation 23 of the European Union (Manufacture, Presentation and Sale of Tobacco and Related Products) Regulations 2016 as amended.		
<ul style="list-style-type: none"> This form must be completed by retailers based in the Republic of Ireland who wish to supply by means of cross-border distance sales, tobacco products, electronic cigarettes, and / or refill containers to consumers in another EU Member State or an EEA country. Please complete this form in BLOCK CAPITALS. The submission of your application form does not constitute registration. Registration will be complete when confirmed to you by the HSE. 		
Section 1. Retailer Location		
1 Please confirm the following by ticking the box: <input type="checkbox"/> I am a Republic of Ireland Retailer – established in Ireland selling to consumers in another EU Member State / EEA Country		
Section 2. Trading Details of Retailer		
2(a) Are you a Sole Trader? YES <input type="checkbox"/> <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <i>(If yes, complete remainder of Section 2 below)</i>		
2(b) Name of Sole Trader:		
2(c) Sole Trader's trading name (and address if different to below):		
2(d) Permanent address of Sole Trader:		

	Eircode:
	Telephone No:
	E-mail Address:
Section 3. Company Details of Retailer	
3(a) Is the business a registered company? YES <input type="checkbox"/> <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <i>(If yes, complete remainder of Section 3 below)</i>	
3(b) Company Name:	
3(c) Trading Name (and address if different to below):	
3(d) Registered address of Company and Company Number:	
	Eircode:
	Telephone No:
	E-mail Address:
	Company No:
Section 4. Partnership Details of Retailer	
4(a) Are you a Partnership? YES <input type="checkbox"/> <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <i>(If yes, complete remainder of Section 4 below)</i>	
4(b) Name of Partnership:	
4(c) Partnership Trading Name (and address if different to below):	
4(d) Address of Partnership:	

	Eircode:
	Telephone No:
	E-mail Address:
4(e) Name of Partner 1	
4(f) Address of Partner 1	
	Eircode:
	Telephone No:
	E-mail address:
4(g) Name of Partner 2:	
4(h)Address of Partner 2:	
	Eircode:
	Telephone No:
	E-mail address:
4(i) Name of Partner 3:	
4(j) Address of Partner 3:	
	Eircode:
	Telephone No:
	E-mail address:

Section 5. Other Information

All retailers complete the following:

Please provide details of the permanent address of each place of activity used by the retailer for the supply of tobacco products¹, e-cigarettes² and/or refill containers³.

Permanent address 1:

Postal Code/Eircode:

Permanent address 2:

Postal Code/Eircode:

Permanent address 3:

Postal Code/Eircode:

Section 6. Product Details

What type of product are you supplying?

Tobacco products¹ E-cigarettes² Refill containers³

Section 7. Website Details

7(a) Please provide the full address for all retail websites you operate targeted at consumers located in the EU/EEA i.e. the full URL.

Website 1

Website 2

Website 3

7(b) Please provide the full address of any other websites or social media sites (Leave blank if not applicable).

7(c) Please provide all relevant information necessary to identify the website(s) or social media sites.

Section 8. Method of Sale

Please specify how your products are marketed to consumers in other EU/EEA Member States

Website

Postal

Telephone

Other If you selected other, please provide further detail of the method of sale:

Section 9. Age Verification Details

Please provide a description of the age verification system operated for the cross-border distance sales of tobacco products.

Please provide details of the system operated and how it functions. For example, do you operate on-screen age checks; pre-registration; age check at check out; etc. Where multiple age verification systems are used or differ between EU Member States / EEA Countries, please provide details of all systems.

Describe the Age Verification System Operated:

Section 10. Registration Details

10(a) Please provide confirmation of any registration provided by the competent authority of any Member State in which you are registered to supply products by means of cross-border distance sales to a consumer located in that Member State.

Please state all EU/EEA Member States where your business has received confirmation of registration from the competent authority. Certain countries have prohibited cross border distance sales, those countries are not included in the list below. A retailer shall not supply products by means of cross-border distance sales to consumers located in a Member State where such sales are prohibited under Article 18 of the Directive.

Tick all that apply

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Netherlands |
| <input type="checkbox"/> Croatia | <input type="checkbox"/> Norway |
| <input type="checkbox"/> Czech Republic | <input type="checkbox"/> Slovakia |
| <input type="checkbox"/> Denmark | <input type="checkbox"/> Slovenia |
| <input type="checkbox"/> France Tobacco products sale prohibited | <input type="checkbox"/> Sweden |
| <input type="checkbox"/> Germany | <input type="checkbox"/> Turkey |
| <input type="checkbox"/> Iceland | <input type="checkbox"/> United Kingdom |
| <input type="checkbox"/> Malta | |

10(b) Please confirm if your business has applied, or is intending to apply, for registration in any other EU Member State / EEA Country.

Certain countries have prohibited cross border distance sales, those countries are not included in the list below.

Tick all that apply

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Netherlands |
| <input type="checkbox"/> Croatia | <input type="checkbox"/> Norway |
| <input type="checkbox"/> Czech Republic | <input type="checkbox"/> Slovakia |
| <input type="checkbox"/> Denmark | <input type="checkbox"/> Slovenia |
| <input type="checkbox"/> France Tobacco products sale prohibited | <input type="checkbox"/> Sweden |
| <input type="checkbox"/> Germany | <input type="checkbox"/> Turkey |
| <input type="checkbox"/> Iceland | <input type="checkbox"/> United Kingdom |
| <input type="checkbox"/> Malta | |

Section 11. Date of Supply of Products

11(a) What date did you first start supplying by means of cross-border-distance sales:

(i) tobacco products _____ (dd/mm/yy)

(ii) electronic cigarettes _____ (dd/mm/yy)

(iii) refill containers _____ (dd/mm/yy)

11(b) If you have not yet commenced the activity of supplying by means of cross-border distance sales, please supply, the intended date of supply:

- (i) tobacco products _____ (dd/mm/yy)
- (ii) electronic cigarettes _____ (dd/mm/yy)
- (iii) refill containers _____ (dd/mm/yy)

Signature of Retailer engaging or intending to engage in the cross-border distance sales of tobacco products, electronic cigarettes and/or refill containers.

Signed:Date: (dd/mm/yy).....

Name (**Block Capitals**):

If the application is in respect of a Limited Company, this form should be signed by the Company Secretary. Otherwise the Sole Trader or Partner (in the case of a partnership) must sign the form.

Your registration in the Republic of Ireland will not be processed until all relevant documents are submitted.

Notifications

You must ensure that all products you supply to consumers in other EU member states have been notified to the competent authorities in those states via the EU Common Entry Gate.

Prohibition of cross border distance sales

Some countries have prohibited cross border distance sales of tobacco products and/or electronic cigarettes to consumers. It is an offence to supply the relevant products to consumers in those countries.

Change of details

Please complete a Change of Details form and return to info.tpd@hse.ie if any of the details relating to your application change. This form must also be completed if you cease trading.

This form may also be returned to:

**National Tobacco Control Office, Health Service Executive, 2nd Floor, Oak House,
Limetree Ave, Millenium Park, Naas, Co. Kildare W91 KDC2**

¹ Tobacco products means products that can be consumed and consist, even partly, of tobacco whether genetically modified or not

² Electronic cigarette means a product that can be used for consumption of nicotine containing vapour via a mouthpiece, or any component of that product, including a cartridge, a tank and the device without cartridge or tank. Electronic cigarettes can be disposable or refillable by means of a refill container and a tank, or rechargeable with single use cartridges.

³ Refill container means a receptacle that contains nicotine containing liquid, which can be used to fill an electronic container.