

 Feidhmeannacht na Seirbhíse Sláinte Health Service Executive	For completion by Office Premises Ref	
	Processed	
	Verified	
	EHO	
CHANGE OF DETAILS FORM		
CROSS-BORDER DISTANCE SALES OF TOBACCO PRODUCTS, ELECTRONIC CIGARETTES AND/OR REFILL CONTAINERS		
<p>This form relates to changes required by registered cross-border distance sales retailers only.</p> <p>Please complete the section of the form that relates to the details you wish to change.</p> <p>This form should be completed in BLOCK CAPITALS.</p>		
To update the following information	Complete Section	
Retailers Trading Name	1	
Retailers Trading Address	2	
Permanent Address of Retailer	3	
Permanent Address of Place of Activity used for supply of products	4	
Product Details	5	
Website Details	6	
Method of Sale	7	
Age Verification Details	8	
Registration Details	9	
Remove Retailer from the Register	10	

Please return the completed form to info.tpd@hse.ie or to **National Tobacco Control Office, Health Service Executive, 2nd Floor, Oak House, Limetree Avenue, Millennium Park, Naas, Co Kildare W91 KDC2.**

SECTION 1 Change Retailers Trading Name This section is only to be used where the trading name has changed. If the Retailer details have changed, complete Section 10 and submit a new application.

Reference Number (you will find this in your Confirmation of Registration letter):

Retailer Name(Sole trader name, company name or name of first partner):

Retailer Email Address:

Retailer Telephone No:

Original Retailer Trading Name:

New Retailer Trading Name:

Declaration:

I hereby declare that the particulars furnished in this form are correct and request that the above details be modified on the Register.

Signed:

Date:

SECTION 2 Change Retailers Trading Address This section is only to be used where the trading address has changed. If the Permanent Address of Retailer has changed, complete Section 3.

Reference Number (you will find this in your Confirmation of Registration letter):

Retailer Name(Sole trader name, company name or name of first partner):

Retailer Email Address:

Retailer Telephone No:

Original Retailer Trading Address:

New Retailer Trading Address:

Declaration:

I hereby declare that the particulars furnished in this form are correct and request that the above details be modified on the Register.

Signed:

Date:

SECTION 3 Change Permanent Address of Retailer This section is only to be used where the permanent address of retailer has changed. If the Retailer Trading address has changed, complete Section 2.

Reference Number (you will find this in your Confirmation of Registration letter):

Retailer Name(Sole trader name, company name or name of first partner):

Retailer Email Address:

Retailer Telephone No:

Original Permanent Address of Retailer:

New Permanent Address of Retailer:

Declaration:

I hereby declare that the particulars furnished in this form are correct and request that the above details be modified on the Register.

Signed:

Date:

SECTION 4 Change Permanent Address of Place of Activity used for supply of products

Reference Number (you will find this in your Confirmation of Registration letter):

Retailer Name(Sole trader name, company name or name of first partner):

Retailer Email Address:

Retailer Telephone No:

Original Permanent Address(es) of Place of Activity used for supply of products:

New Permanent Address(es) of Place of Activity used for supply of products:

Declaration:

I hereby declare that the particulars furnished in this form are correct and request that the above details be modified on the Register.

Signed:

Date:

SECTION 5 Change of Product Details that are supplied by you

Reference Number (you will find this in your Confirmation of Registration letter):

Retailer Name(Sole trader name, company name or name of first partner):

Retailer Email Address:

Retailer Telephone No:

Original Product Details provided:

 Tobacco products¹ E-cigarettes² Refill containers³**New Product Details supplied by you:** Tobacco products¹ E-cigarettes² Refill containers³**Declaration:**

I hereby declare that the particulars furnished in this form are correct and request that the above details be modified on the Register.

Signed:

Date:

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 mouth piece, 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 a nicotine containing liquid, which can be used to fill an electronic cigarette.

SECTION 6 Change of Website Details

Reference Number (you will find this in your Confirmation of Registration letter):

Retailer Name(Sole trader name, company name or name of first partner):

Retailer Email Address:

Retailer Telephone No:

Original Website Details provided:

New Website Details:

Provide the full address of any other website or social media sites:

Provide all relevant information necessary to identify the website(s) or social media sites:

Declaration:

I hereby declare that the particulars furnished in this form are correct and request that the above details be modified on the Register.

Signed:

Date:

SECTION 7 Change of Method of Sale

Reference Number (you will find this in your Confirmation of Registration letter):

Retailer Name(Sole trader name, company name or name of first partner):

Retailer Email Address:

Retailer Telephone No:

Original Method of Sale Details provided:

Website

Postal

Telephone

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

New Method of Sale:

Please specify how your products are marketed to consumers in the Republic of Ireland or other EU/EEA Member States

Website

Postal

Telephone

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

Declaration:

I hereby declare that the particulars furnished in this form are correct and request that the above details be modified on the Register.

Signed:

Date:

SECTION 8 Change of Age Verification Details

Reference Number (you will find this in your Confirmation of Registration letter):

Retailer Name(Sole trader name, company name or name of first partner):

Retailer Email Address:

Retailer Telephone No:

Original Age Verification Details provided:

New 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:

Declaration:

I hereby declare that the particulars furnished in this form are correct and request that the above details be modified on the Register.

Signed:

Date:

SECTION 9 Change of Registration Details

Reference Number (you will find this in your Confirmation of Registration letter):

Retailer Name(Sole trader name, company name or name of first partner):

Retailer Email Address:

Retailer Telephone No:

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.

New Registration Details:

- None
- Croatia
- Czech Republic
- Denmark
- France Tobacco products sale prohibited
- Germany
- Iceland
- Malta
- Netherlands
- Norway
- Slovakia
- Slovenia
- Sweden
- Turkey
- United Kingdom

Declaration:

I hereby declare that the particulars furnished in this form are correct and request that the above details be modified on the Register.

Signed:

Date:

SECTION 10 Ceased Trading

Reference Number (you will find this in your Confirmation of Registration letter):

Retailer Name(Sole trader name, company name or name of first partner):

Retailer Email Address:

Retailer Telephone No:

I am no longer retailing by cross border distance sales from the following websites:

Declaration:

I hereby declare that the particulars furnished in this form are correct and request that the above details be modified on the Register.

Signed:

Date:

