**NOTIFICATION 2)**

|  |
| --- |
| [ ]  Bringing to market a fortified food |
| [ ]  Fortified food exiting the market. Fill in sections 1, 2 (only brand name and country of origin) and 4. |
| Date of exit: |       |

**1 PARTY SUBMITTING THE NOTIFICATION** (tick a box)

|  |  |  |
| --- | --- | --- |
| [ ]  Manufacturer | [ ]  Party commissioning the manufacturer | [ ]  Importer |
| [ ]  Other party bringing the product to market |
| Name (company, organization, etc.) | Domicile | Regional State Administrative Agency |
|       |       |       |
| Postal address | Postal code | City or town |
|       |       |       |
| Contact person | Business identity code |
|       |       |
| Phone | E-mail |
|       |       |
|  |  |

**Party managing the matter (if different from the above)**

|  |  |  |
| --- | --- | --- |
| Name (company, organization, etc.) | Domicile | Province |
|       |       |       |
| Postal address | Postal code | City or town |
|       |       |       |
| Contact person | Business identity code |
|       |       |
| Phone | E-mail |
|       |       |

**2 INFORMATION ON FORTIFIED FOOD**

|  |
| --- |
| Name of food |
|       |
| Brand name |
|       |
| Country of origin |
|       |

|  |
| --- |
| List of ingredients (complete list, not just a reference to an enclosure) |
|       |
| Amounts of added nutrients in the end product per 100 g or 100 ml (tick the boxes of the nutrients added and give the amounts in the units requested) |
| **Vitamins** | **Minerals** |
| [ ]  Vitamin A |       | μg RE | [ ]  Calcium |       | mg |
| [ ]  Vitamin D |       | μg | [ ]  Magnesium |       | mg |
| [ ]  Vitamin E |       | mg α-TE | [ ]  Iron |       | mg |
| [ ]  Vitamin K |       | μg | [ ]  Copper |       | μg |
| [ ]  Vitamin B1 |       | mg | [ ]  Iodine |       | μg |
| [ ]  Vitamin B2 |       | mg | [ ]  Zinc |       | mg |
| [ ]  Niacin |       | mg NE | [ ]  Manganese |       | mg |
| [ ]  Pantothenic acid |       | mg | [ ]  Sodium |       | mg |
| [ ]  Vitamin B6 |       | μg | [ ]  Potassium |       | mg |
| [ ]  Folic acid |       | μg | [ ]  Selenium |       | μg |
| [ ]  Vitamin B12 |       | μg | [ ]  Chromium |       | μg |
| [ ]  Biotin |       | μg | [ ]  Molybdenum |       | μg |
| [ ]  Vitamin C |       | mg | [ ]  Fluoride |       | mg |
|  | [ ]  Chloride |       | mg |
|  | [ ]  Phosphorus |       | mg |
| Nutrition labelling (complete list, not just a reference to an enclosure) |
|       |
| Any separate claims concerning added vitamins and/or minerals (e.g. fortified with Vitamin C) |
|       |
| Any statements |
|       |
| Any instructions for use |
|       |

|  |
| --- |
| Other information |
|       |

**3 ENCLOSURES**

|  |
| --- |
| [ ]  Labelling model (compulsory) |
| [ ]  Power of attorney (if submitting notification by proxy) |
| [ ]  Other, please specify: |       |

**4 SIGNATURE**

|  |  |
| --- | --- |
| Date | Place |
|       |       |

|  |
| --- |
|  |
| Signature/signatures\* |
|       |
| Name/names in block letters |

\* If the person(s) signing the notification are not authorized to sign for the company, a power of attorney must be enclosed.