



FOOD SUPPLEMENTS (DIRECTIVE 46/2002 EU) AND NATIONAL REGULATION ON FOOD SUPPLEMENTS (Κ.Δ.Π. 449/2004)

APPLICATION FOR AUTHORIZING OF A FOOD SUPPLEMENT STORE

Director of Medical and Public Health Services
Ministry of Health Cyprus
(Attn: Head of Public Health Services)
Prodromou 1 street, 1449 Nicosia, Cyprus

Name of applicant:

Applicants Identity Card No.....

Address: Postal code.....

Company name *:.....

Company address*:Postal code.....

Company Registration No*:.....

Telephone: Fax:

Email:

Food Supplement Store name:.....

Food Supplement Store address.

Postal code..... District.....

Have you applied for the same Food Supplement store in the past? Yes / No.....

I declare that the above information is true.

Signature: Date:

Name of signatory:

*Delete where appropriate.

NOTE.

In order to process your application, we need **two copies** of the application as well as:

1. A copy of the company registration documents
2. Copy of the qualifications of the person in charge of the store.
3. Copy of the receipt for 50 euros payment to the Ministry of Health (Public Health Services).

The data in the form relate to personal data and their collection, processing and use will be based on the provisions of the EU Regulation 2016/679 on the Processing of Personal Data (Protection of Individuals).