



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

**APPLICATION FOR AUTHORIZING A FIVE YEAR DISTRIBUTION OF
FOOD SUPPLEMENTS IN CYPRUS**

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

Name: _____

Address: _____

Company name *: _____

Company address*: _____

Applicants Identity Card No / Company Registration No*: _____

Telephone: _____ Fax: _____

Email: _____

Product(s) name(s): _____

Country/Countries* in which product is legally marketed: _____

For your application to be processed and examined, it must be accompanied by the following:

1. Documentation, from the product manufacturer, of the names and quantities of ingredients of the product.
2. Lab analysis from an accredited laboratory of the quality characteristics of the product (i.e. microbiological analysis).
3. A copy of the external label of the product (on A4 or A3 paper), as well as a copy of the label in Greek.
4. Certificate of legal manufacture and distribution of the product as a food supplement in the country of origin.
5. A fee of 50 euros for the processing and examination the application.

Any revised data concerning the product(s) before or after approval of the application must be notified to the Director. The license may be renewed after a period of 5 years.

Signature: _____ Date: _____

Name of signatory: _____

*Delete where appropriate.

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).