**1 NOTIFICATION SUBMITTED BY (tick the relevant option)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Manufacturer | Manufactured for | Importer | | Other party placing the product on the market | |
| Name (company, business name, etc.) | | | | | Business ID / VAT number |
|  | | | | |  |
| Delivery address | | | Postal code | | City/town |
|  | | |  | |  |
| Contact person | | | Domicile | | Country |
|  | | |  | |  |
| Phone number | | | E-mail | | |
|  | | |  | | |

**Authorised representative/agent (if different from above)**

|  |  |  |
| --- | --- | --- |
| Name (company, business name, etc.) | | Business ID / VAT number |
|  |
| Delivery address | Postal code | City/town |
|  |  |  |
| Contact person | Domicile | Country |
|  |  |  |
| Phone number | E-mail | |
|  |  | |

**Information for invoicing**  Paper invoice  E-invoice

|  |  |  |  |
| --- | --- | --- | --- |
| Name (company, business name, etc.) | | Business ID / VAT number | |
|  | |
| Delivery address | Postal code | City/town | |
|  |  |  | |
| Contact person | Additional information to the invoice (e.g. PO-number) | | |
|  |
| E-invoicing address /EDI-number | E-invoicing operator | | Operator code |
|  |  | |  |

2 INFORMATION ON THE FOOD

|  |
| --- |
| Commercial brand name |
|  |
| Name of the food |
|  |
| Country of origin |
|  |
| Disease, disorder or medical condition for the dietary management of which the product is intended |
|  |
| List of ingredients (ingredients and additives according to weight in descending order) |
|  |

**Nutrition labelling** (the quantities apply to the formula ready for use)

|  |  |  |  |
| --- | --- | --- | --- |
| Notification of nutritional content | | /100 g | /100 ml |
| Energy | kJ | kcal | |
| Fats | g | | |
| * Saturated fats | g | | |
| Carbohydrates | g | | |
| * Sugars | g | | |
| Protein | g | | |
| Salt | g | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Quantities of vitamins and minerals** (the quantities apply to the product ready for use) | | | | **/100 kJ** | | | **/100 kcal** |
| **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 | |
| Thiamine |  | μg | Iodine | |  | μg | |
| Riboflavin |  | μg | Zinc | |  | mg | |
| Niacin |  | mg NE | Manganese | |  | μg | |
| Pantothenic acid |  | mg | Sodium | |  | mg | |
| Vitamin B6 |  | μg | Potassium | |  | mg | |
| Folate |  | μg-DFE | Selenium | |  | μg | |
| Vitamin B12 |  | μg | Chromium | |  | μg | |
| Biotin |  | μg | Molybdenum | |  | μg | |
| Vitamin C |  | mg | Fluoride | |  | mg | |
|  |  |  | Chloride | |  | mg | |
|  |  |  | Phosphorus | |  | mg | |

|  |
| --- |
| Other nutrients or components, the declaration of which is necessary for the appropriate intended use of the product |
|  |

|  |
| --- |
| Age group for which the product is intended |
|  |

|  |
| --- |
| **More information** (e.g. instructions for use and storage, warnings, contra-indications etc.) |
|  |

3 ATTACHMENTS

|  |
| --- |
| **Model of the labelling to be used on the product (in Finnish and Swedish)** |
| Model of the labelling |
| Power of attorney (agent)\* |

4 SIGNATURES

|  |  |
| --- | --- |
| Place and Date | Signature/signatures and Name/names in block letters |
|  |  |

\* If the signatory/signatories to the notification is/are not authorised to act as an agent for the enterprise, a power of attorney has to be attached.

Send the notification

* by mail to the address: Finnish Food Authority/Registry Office, P.O. Box 100, FI-00027 FINNISH FOOD AUTHORITY, Finland
* by e-mail: kirjaamo@ruokavirasto.fi

A fee is charged for the receipt of the notification in accordance with the Decree by the Ministry of Agriculture and Forestry on services by the Food Authority subject to a fee.