**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.