



**NACIONALNI LABORATORIJ ZA
ZDRAVJE, OKOLJE IN HRANO**

**APPLICATION FORM FOR THE E-CIGARETTES NOTIFICATION FEES ACCORDING TO THE Art. 10 of Rules on reporting obligations about tobacco and related products (Official Gazette of the RS, No. 9/18)
NATIONAL LABORATORY OF HEALTH, ENVIRONMENT AND FOOD – NLZOH (SLOVENIA)**

Please return the completed and correctly authorised application form and a blank copy of your official company letterhead to the e-mail: ecigarette@nlzoh.si.

General information	
Full company name	
Company registered address (including postcode)	
Is the company VAT registered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes: VAT Country code: _____ VAT number: _____
Contact details for invoices and payments	
Name of company (if different from full company name)	
Telephone number	
E-mail	
Invoice address (if different from company registered address)	

Conditions accepted by the submitter/applicant
<p>The application form must be signed by a Director or other authorised person of the company who has the authority to agree with general operating conditions of the NLZOH. NLZOH reserves the right to change its general operating conditions throughout the lifetime of this agreement and which can be found on the website: http://www.nlzoh.si/en/about-us/general-operating-conditions-of-the-nlzoh. Provisions regarding the reporting obligations and fees are given in the Rules on reporting obligations about tobacco and related products (Official Gazette of the RS, No. 9/18), which is available on the website: http://www.nlzoh.si/en/about-us/news/361-novica-30. Notifications and modifications to the products will only be accepted once all appropriate fees have been paid. According to Par. 2(7), Art. 26 of the Restriction on the Use of Tobacco Products and Related Products Act, the manufacturer and importer are fully responsible for the quality and safety of the product when placed on the market and when used in accordance with the manufacturer's instructions.</p>
Name: _____ Position: _____
Signature: _____ Date: _____

Annex 1: The list of reported electronic cigarettes (EC-ID)

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