

To be sent to: Läkemedelsverket
Box 26
SE - 751 03 Uppsala
Sweden

COMPANY/BUSINESS NOTIFICATION
Cosmetics and Hygiene Products

The party conducting operations must notify his business to the Medical Products Agency in accordance with the Ordinance on Cosmetics and Hygiene Products (1993:1283). Further details on the company notification are stated in the Medical Products Agency's provisions on the Control of Cosmetics and Hygiene Products (**LVFS 2004:12, sections 9 -13**).

Party liable to notify the Medical Products Agency – Company/Business details			
Company/Business name or name:		Organisation/Company number or civil registration (ID) number:	
Postal delivery address:		Telephone incl. area code:	
Municipality:	County:	Telefax incl. area code:	
Postal code:	City/Place:	Country:	E-mail:
Type of operation (obligatory to mark one of the alternatives, or both if applicable) <input type="checkbox"/> Manufacturer or importer according to LVFS 2004:12, section 9 <input type="checkbox"/> Product Information keeper according to LVFS 2004:12, section 23			

Contact person at the company/business		
Name:	Telephone incl. area code:	E-mail:

Signature	
Date:	Signature:
Printed name:	