

APPENDIX-IX

**NOTIFICATION FORM FOR COSMETICS PRODUCTS AND PRODUCERS
(To Be Completed By The Person Authorized Against The Ministry Regarding Product Security.)**

A*		PRODUCER INFORMATION				
	1	NAME OF PRODUCER				
		MANUFACTURER <input type="checkbox"/> IMPORTER <input type="checkbox"/> OTHER <input type="checkbox"/>				
	2	ADDRESS OF PRODUCER				
		Through which the producer can be reached 24 hours;				
		Phone number				
		Fax number				
		e-mail address				
	3	TAX OFFICE TAX NUMBER				
B		INFORMATION REGARDING PRODUCT				
	BRAND	ADDRESS OF PRODUCTION FACILITY	PRODUCT ORIGIN (COUNTRY AND TOWN)	FULL NAME OF PRODUCT	ADDRESS WHERE PRODUCT INFORMATION FILE IS AVAILABLE	FUNCTION CODE OF THE PRODUCT* *
	1					
	2					
	3					
	4					
	5					
	6					
	7					

*Establishments which are newly founded or which are expanding their activity area, but not yet at the stage to launch the product to the market shall complete only Section A.

** The function of the product shall be chosen from the below classification and stated together with its code. If the product is not included in this classification its function shall be written in full.

I HEREWITH DECLARE THAT I HAVE COMPLETELY AND CORRECTLY FILLED THIS FORM.

NAME, SURNAME, SIGNATURE, AND STAMP (IF ANY) OF THE AUTHORIZED PERSON