



Folkhälsomyndigheten  
PUBLIC HEALTH AGENCY OF SWEDEN

# Form – Notification of sale of tobacco free nicotine products

## Notification type

Retailer without a registered office or permanent place of business in Sweden that intend to provide tobacco free nicotine products to consumers in Sweden.

## Legal requirements

A retailer without a registered office, or permanent place of business in Sweden, must notify the Public Health Agency of Sweden before providing tobacco free nicotine products for consumers in Sweden.

The retailer must exercise self-monitoring and ensure that they have a self-monitoring programme for this sale. The self-monitoring programme must be attached to the notification.

You must immediately notify us if provided information about the retail outlet or the self-monitoring programme changes as well as when you end your retail sale to consumers in Sweden.

This applies under Section 17 and 18 of the Act (2022:1257) on Tobacco Free Nicotine Products.

If you have any questions, please send them to [info@folkhalsomyndigheten.se](mailto:info@folkhalsomyndigheten.se).

## Processing of personal data

If applicable, the Public Health Agency of Sweden stores and processes personal data when processing a notification in accordance with Section 17 and 18 of the Act (2022:1257) on Tobacco Free Nicotine Products. The legal ground is Article 6.1 (e) General Data Protection Regulation (GDPR). Our website contains more information about how we process your personal data and the rights you have as an individual:

### [How the Public Health Agency of Sweden processes personal data](#)

#### Processor

|                              |  |
|------------------------------|--|
| Company:                     | Folkhälsomyndigheten   |
| Company registration number: | 202100-6545  |
| Postal address:              | Folkhälsomyndigheten<br>SE-171 82 Solna<br>Sweden                              |
| Phone:                       | +46 (0)10-205 20 00  |
| E-mail address:              | <a href="mailto:info@folkhalsomyndigheten.se">info@folkhalsomyndigheten.se</a> |

**New registration**

**Notification of change**

**Withdrawal**

## Retail Details

**Registered Name**

**VAT Number** (If applicable)

**Postal address**

**Postal code (or Zip), Town/City**

**Country**

**E-mail address**

## Retail Outlet Details

**Name of the retail outlet**

**Date when you intend to provide tobacco free nicotine products** (You cannot set an earlier date than the date when the notification is complete)

**Web address (URL) of the website or websites used by the retail outlet** (If the retail outlet lacks URL, please enter information on how you provide the products)

## Attachments

- **Self-monitoring programme.** A self-monitoring programme shall be attached to the notification. This is mandatory for the notification to be complete.
  - If applicable, a copy of relevant certificate of registration that can facilitate verification of the retailer.
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## Signature

**Date**

**Name**

Please submit the form to [info@folkhalsomyndigheten.se](mailto:info@folkhalsomyndigheten.se)