

Schedule 1

Item	Basic Information
1	Type of declaration: <input type="checkbox"/> Initial <input type="checkbox"/> Change(s) <input type="checkbox"/> Update
2	Declaring operator (company name, telephone, address, and contact person):
3	Manufacturer (name of tobacco supplier):
4	Place of manufacturing (country/region):
5	<div> <div>Manufacturer's or importer's license number:</div> <div>Date of approval: ()</div> </div>
6	<div> <div>Date of declaration: ()</div> <div>Date of taxation: ()</div> </div>
7	Type of tobacco product: <input type="checkbox"/> Cigarette; <input type="checkbox"/> Cigar; <input type="checkbox"/> Cut tobacco; <input type="checkbox"/> Chewing tobacco; <input type="checkbox"/> Other (please specify): _____
8	Brand name:
9	Item name:
10	Item identifier:
11	Item identification documents: include as photos of the tobacco products, a copy of the certificate issued by the related inspecting/testing laboratory in compliance with ISO/IEC 17025 and a photocopy of the inspection/testing report within the past three years (containing at least test data on nicotine, tar and carbon monoxide, or the lowest detectable value or relevant reasons if related data is unavailable).
12	<p>Number of use units contained in each common sales units (e.g. twenty cigarettes per pack, several sticks of cigar per pack, several tablets of chewing tobacco per pack, or certain grams of cut tobacco per pack):</p> <p>Common sales units: _____ Number of use units contained: <input type="checkbox"/> Sticks <input type="checkbox"/> Tablets <input type="checkbox"/> Grams <input type="checkbox"/> Other_____</p>
13	<p>Net weight of each use unit in grams (e.g. certain grams per stick or per tablet). Cut tobacco shall be declared in its minimum packing weight.</p> <p>_____ grams / <input type="checkbox"/> Sticks <input type="checkbox"/> Tablets <input type="checkbox"/> Other (cut tobacco shall be declared in the weight specified in the use recommendation)</p>
14	Essential components: <input type="checkbox"/> Yes (color photos attached) <input type="checkbox"/> No
15	Other (please specify: _____)