

Change of Details Form



Please read the following notes before filling in the form

The form should be completed in **BLACK INK** and **BLOCK CAPITALS**

Please return this form to:

National Register of Tobacco Retailers, National Tobacco Control Office,
HSE, Oak House, Millennium Park, Naas, Co. Kildare.

If you need assistance
completing this form
please call 1890 333100

Alternatively make
your changes online at
www.tobaccoregister.ie

This form relates to changes required by registered tobacco retailers only. Please complete the section of the form that relates to the details you wish to change. (no fee required)

To update the following information	Complete Section
Applicant address	1
Address of a partner	2
Premises name	3
Number of closed containers /self service vending machines	4
Supplier of tobacco products	5
Remove a premises / application from the Register	6
Register additional premises	7

Section 1: Change Applicant Address

For Office use only	

Retailer Number / Machine Vendor Number

(You can find your retailer number or machine vendor number on the correspondence issued after registration. It is in the format TRXXXXX or MVXXXXX.)

Applicant Name (Sole trader name, company name or name of first partner)

Date of Birth (dd/mm/yyyy) / Company Registered Number

(If sole trader or partnership enter date of birth, if company enter company registered number)

Contact Number

Original Address

(This is the address stated on your original application form)

Town/City

County

Country

New Address

(Please provide the new address to be added to your registration details. If you are a sole trader or a partnership you must provide your home address, if you are a registered company you must provide the company's registered address)

Town/City

County

Country

Declaration

I hereby declare that the particulars furnished in this form are correct and request that the above details be modified on the Register.

Signed

(Applicant's signature)

Date

(dd/mm/yyyy)

Check that you have signed the form and the details given are correct. Please return this form to: **National Register of Tobacco Retailers, National Tobacco Control Office, HSE, Oak House, Millennium Park, Naas, Co Kildare.**

It is an offence under Section 37(13) of the Public Health (Tobacco) Act 2002 as amended to knowingly or recklessly provide false or misleading information.

Information provided by you under Section 37 of the Public Health (Tobacco) Act 2002 as amended, will be held on computer by the Health Service Executive.

Section 2: Change Partner's Address

For Office use only	

Retailer Number / Machine Vendor Number

(You can find your retailer number or machine vendor number on the correspondence issued after registration. It is in the format TRXXXXX or MVXXXXX.)

Applicant Name (Name of first partner)

Date of Birth (dd/mm/yyyy)

Contact Number

Partner's Name

Partner's Date of Birth

Partner's Original Address

(This is the address stated on your original application form)

Town/City

County

Country

New Address

(Please provide the new address to be added to your registration details, i.e. the address where the above partner ordinarily resides (home address))

Town/City

County

Country

Declaration

I hereby declare that the particulars furnished in this form are correct and request that the above details be modified on the Register.

Signed

Date

(Applicant's signature)

(dd/mm/yyyy)

Check that you have signed the form and the details given are correct. **Please return this form to: National Register of Tobacco Retailers, National Tobacco Control Office, HSE, Oak House, Millennium Park, Naas, Co Kildare.**

It is an offence under Section 37(13) of the Public Health (Tobacco) Act 2002 as amended to knowingly or recklessly provide false or misleading information.

Information provided by you under Section 37 of the Public Health (Tobacco) Act 2002 as amended, will be held on computer by the Health Service Executive.

Section 3: Change Name of Premises

For Office use only

Retailer Number / Machine Vendor Number

(You can find your retailer number or machine vendor number on the correspondence issued after registration. It is in the format TRXXXXX or MVXXXXX.)

For Office use only	

Applicant Name (Sole trader name, company name or name of first partner)

Date of Birth (dd/mm/yyyy) / Company Registered Number

(If sole trader or partnership enter date of birth, if company enter company registered number)

Contact Number

Original Name of Premises

(This is the name stated on your original application form)

New Name of Premises

(Please provide the **new name** to be added to your registration details.)

Declaration

I hereby declare that the particulars furnished in this form are correct and request that the above details be modified on the Register.

Signed

Date

(Applicant's signature)

(dd/mm/yyyy)

Check that you have signed the form and the details given are correct. **Please return this form to: National Register of Tobacco Retailers, National Tobacco Control Office, HSE, Oak House, Millennium Park, Naas, Co Kildare.**

It is an offence under Section 37(13) of the Public Health (Tobacco) Act 2002 as amended, to knowingly or recklessly provide false or misleading information.

Information provided by you under Section 37 of the Public Health (Tobacco) Act 2002 as amended, will be held on computer by the Health Service Executive.

Section 4: Update Number of Closed Containers/Self Service Vending Machines

For Office use only	

Retailer Number / Machine Vendor Number

(You can find your retailer number or machine vendor number on the correspondence issued after registration. It is in the format TRXXXXX or MVXXXXX.)

Applicant Name (Sole trader name, company name or name of first partner)

Date of Birth (dd/mm/yyyy) / Company Registered Number

(If sole trader or partnership enter date of birth, if company enter company registered number)

Contact Number

Complete the following details for each of your registered premises.

Change number of closed containers/self service vending machines on premises

Registration Number TRXXXXX- RPXXXXX (see note 1 below)	Premises Name (if any) (see note 2 below)	Premises Address (see note 3 below)	Number of closed containers NOW on the premises	Number of self service vending machines NOW on the premises

Completion Notes:

1. You will find your registration number on the prescribed sign and on the closed container/self service vending machine sticker.
2. Specify the name of the business (or business name on the mobile unit).
3. Specify the address of the premises where tobacco is sold (or address where the mobile unit that retails tobacco is normally kept).

Declaration

I hereby declare that the particulars furnished in this form are correct and request that the above details be modified on the Register.

Signed

(Applicant's signature)

Date

(dd/mm/yyyy)

Check that you have signed the form and the details given are correct. **Please return this form to: National Register of Tobacco Retailers, National Tobacco Control Office, HSE, Oak House, Millennium Park, Naas, Co Kildare.**

It is an offence under Section 37(13) of the Public Health (Tobacco) Act 2002 as amended to knowingly or recklessly provide false or misleading information.

Information provided by you under Section 37 of the Public Health (Tobacco) Act 2002 as amended, will be held on computer by the Health Service Executive.

Section 5: Update Supplier Details

For Office use only

Retailer Number / Machine Vendor Number

(You can find your retailer number or machine vendor number on the correspondence issued after registration. It is in the format TRXXXXXX or MVXXXXXX.)

For Office use only	

Applicant Name (Sole trader name, company name or name of first partner)

Date of Birth (dd/mm/yyyy) / Company Registered Number

(If sole trader or partnership enter date of birth, if company enter company registered number)

Contact Number

If you have changed your supplier(s) of tobacco products, please provide the new details.

Supplier Name (see note 1 below)	Supplier Business Address (see note 2 below)

Completion Notes:

1. Specify the name of the person or entity who supplies tobacco products to you. In the case of a self service vending machine please enter the name of the vending machine operator.
2. Specify the address of the person or entity who supplies tobacco products to you.

Declaration

I hereby declare that the particulars furnished in this form are correct and request that the above details be modified on the Register.

Signed

(Applicant's signature)

Date

(dd/mm/yyyy)

Check that you have signed the form and details given are correct. Please return this form to: **National Register of Tobacco Retailers, National Tobacco Control Office, HSE, Oak House, Millennium Park, Naas, Co Kildare.**

It is an offence under Section 37(13) of the Public Health (Tobacco) Act 2002 as amended to knowingly or recklessly provide false or misleading information.

Information provided by you under Section 37 of the Public Health (Tobacco) Act 2002 as amended, will be held on computer by the Health Service Executive.

Section 6: Remove a Premises / Applicant from the Register

For Office use only	

Retailer Number / Machine Vendor Number

(You can find your retailer number or machine vendor number on the correspondence issued after registration. It is in the format TRXXXXX or MVXXXXX.)

Applicant Name (Sole trader name, company name or name of first partner)

Date of Birth (dd/mm/yyyy) / Company Registered Number

(If sole trader or partnership enter date of birth, if company enter company registered number)

Contact Number

I am no longer selling tobacco products by retail at the following premises.

Registration Number TRXXXXX-RPXXXXX	Premises Name	Premises Address

Declaration

I hereby declare that the particulars furnished in this form are correct and request that the above premises be removed from the Register. I understand that I can no longer sell tobacco products by retail at these premises.

Signed

(Applicant's signature)

Date

(dd/mm/yyyy)

Check that you have signed the form and the details given are correct. Please return this form to: **National Register of Tobacco Retailers, National Tobacco Control Office, HSE, Oak House, Millennium Park, Naas, Co Kildare.**

It is an offence under Section 37(13) of the Public Health (Tobacco) Act 2002 as amended to knowingly or recklessly provide false or misleading information.

Information provided by you under Section 37 of the Public Health (Tobacco) Act 2002 as amended, will be held on computer by the Health Service Executive.

Section 7: Register Additional Premises

For Office use only

Retailer Number / Machine Vendor Number

(This is in the format TRXXXXX or MVXXXXX)

Applicant Name (Sole trader name, company name or name of first partner)

Date of Birth (dd/mm/yyyy)

Please complete if you are a sole trader of first partner

Company Registered Number

Please complete if you are a company

Contact Name

Premises

Name of premises	Address of premises (If a mobile trader include address where vehicle is normally kept)	Number of closed containers	Number of self service vending machines	Business Type	Vehicle Registration Number (if mobile trader)

Declaration

I hereby declare that the particulars furnished in this form are correct and request that the above details be added to the Register

Signed

(Applicant's signature)

Date

(dd/mm/yyyy)

Check that you have signed the form and the details given are correct. Please return this form to: **National Register of Tobacco Retailers, National Tobacco Control Office, HSE, Oak House, Millennium Park, Naas, Co Kildare.**

It is an offence under Section 37(13) of the Public Health (Tobacco) Act 2002 as amended to knowingly or recklessly provide false or misleading information.

Information provided by you under Section 37 of the Public Health (Tobacco) Act 2002 as amended, will be held on computer by the Health Service Executive.