

**SCHEME 4**

**Submission of information about a food supplement to which certain “other substances” are added**

All references to Sections and Annexes in this form are to Regulation No 247 of 26 February 2010 on the addition of vitamins, minerals and certain other substances to foods (Regulation on the addition of vitamins etc. to foods) unless otherwise stated.

**PART 1 TO WHAT DOES THE INFORMATION APPLY?**

<b>A. DOES THE SUBMISSION APPLY TO INFORMATION ABOUT THE INITIAL PLACING OF THE FOOD SUPPLEMENT ON THE NORWEGIAN MARKET?</b>	
Tick as appropriate: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
<b>B. DOES THE SUBMISSION APPLY TO A CHANGE TO PREVIOUSLY SUBMITTED INFORMATION?</b>	
Tick as appropriate: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If YES: Case number from the Norwegian Food Safety Authority: Date of first submission: Date of previous submissions, if applicable: Describe the change here, or attach the description in a separate document:  In this case, write the name of the attachment here:
<b>C. DOES THE SUBMISSION OF INFORMATION APPLY TO THE PERMANENT CESSATION OF THE PLACING OF THE FOOD SUPPLEMENT ON THE NORWEGIAN MARKET?</b>	
Tick as appropriate: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If YES: Case number from the Norwegian Food Safety Authority: Date of first submission: Date of submission of amended information:  Date of permanent cessation of the placing of the food supplement on the Norwegian market:
<b>D. DOES THE SUBMISSION APPLY TO INFORMATION ABOUT A FOOD SUPPLEMENT THAT IS ADDED OTHER “OTHER SUBSTANCES” THAN AMINO ACIDS IN ACCORDANCE WITH THE REQUIREMENTS OF ANNEX 3, AND THAT WAS LEGALLY PLACED ON THE NORWEGIAN MARKET PRIOR TO 1 JANUARY 2020?</b>	
Tick as appropriate: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If YES: Attach documentation in a separate document and insert the filename of the attachment here:

**PART 2 INFORMATION ABOUT THE EEA PRODUCER, THE EEA IMPORTER OR OTHERS, RESPONSIBLE FOR THE INITIAL PLACING OF THE FOOD SUPPLEMENT ON THE NORWEGIAN MARKET**

Name of the food business operator:	
Postal address:	Country:
Telephone (optional):	Org.no. (optional):
Email (optional):	

**PART 3 INFORMATION ABOUT THE PRODUCT. SEE SECTION 11**

Information about the product can be submitted by attaching a PDF file that shows the product's full label (all areas with text and images).

Name of the product:	
Ingredient list  (as per Section 1 of the Regulation of 28 November No 1497 on food information to consumers, cf. the Food Information Regulation)	Insert the filename of the attachment/s:

<p>Name of the categories of nutrients or other substances with nutritional or physiological effect, that characterises the product or a statement of what type these are.</p> <p>(as per Section 7, paragraph three no. 1 of Regulation No 755 of 20 May 2004 on food supplements):</p>	<p>Insert the filename of the attachment/s:</p>
<p>Declaration of content amounts per recommended daily dose</p> <p>(as per to Section 8 of the Regulation No 755 of 20 May on food supplements):</p>	<p>Insert the filename of the attachment/s:</p>

### SUBMISSION:

This form with any accompanying attachments must be sent to the Norwegian Food Safety Authority:

#### BY EMAIL:

postmottak@mattilsynet.no

#### OR BY POST:

Norwegian Food Safety Authority  
 Felles postmottak  
 Postboks 383, N-2381 Brumunddal