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| **FEDERAL PUBLIC SERVICE OF HEALTH, FOOD CHAIN SAFETY AND ENVIRONMENT** |
| **Royal Decree of 8 May 2014 concerning the making available on the market and use of biocidal products** |

Annex 3

# PARALLEL TRADE FORM

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| Applicant | Name:  Street: No:  Postcode: Municipality:  Country:  Company number\* :  *\** *registered at the Crossroads Bank for Enterprises (CBE) (only for a notifier established in Belgium)* | |
| Contact Person: | Name:  Phone:  Fax:  E-mail address: | |
| Trade name of the biocidal product for distribution |  | |
| Member State of origin |  | |
| Name and address of the competent authority in the Member State of origin | Name:  Street: No:  Postcode: Municipality:  Country: | |
| Name and address of the authorisation holder in the Member State of origin | Name:  Street: No:  Postcode: Municipality:  Country: | |
| Name and authorisation number of the biocidal product in the Member State of origin | Name:  Authorisation number: | |
| Name and authorisation number of the reference product | Name:  Authorisation number: | |
| Manufacturer of the biocidal product | Name:  Street: No:  Postcode: Municipality:  Country: | |
| Active substance(s) in the biocidal product and guaranteed content | Active substance 1  Name:  CAS number:  Guaranteed content in the biocide:  Active substance 2  Name:  CAS number:  Guaranteed content in the biocide:  Active substance 3  Name:  CAS number:  Guaranteed content in the biocide:  (*if more than 3* *substances, please fill in below*) | |
| Manufacturer of each active substance (if the manufacturer is not established in the EU, please mention the importer) | Manufacturer of active substance 1  Name:  Street: No:  Postcode: Municipality:  Country:  Active substance 2  Name:  Street: No:  Postcode: Municipality:  Country:  Active substance 3  Name:  Street: No:  Postcode: Municipality:  Country:  (*if more than 3* *substances, please fill in below*) | |
| Name and CAS number of all non-active substances in the biocidal product | Name | CAS number |
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| Intended application and product type | Description of the intended application:        Product type(s): | |
| Nature of the packaging in which the biocidal product will be placed on the market | Packaging form:      Packaging material:      Packaging content (weight or volume): | |
| Type of formulation |  | |

Please attach following documents to this application form:

Annex 1: the original label and instructions for use with which the biocidal product is distributed in the Member State of origin. If these documents are not drawn up in French or Dutch, a translation into French or Dutch is also required.

Annex 2: a draft label for the biocide intended to be made available on the market, in French and Dutch.

Annex 3: a sworn statement that the biocidal product for which a parallel trade permit is sought has been manufactured using the same manufacturing process as the reference product.

Annex 4: a sworn statement that the permit holder will inform the competent body if the Member State of origin withdraws the authorisation for the imported biocidal product.

The required fee amount of 150.00 EUR shall be paid or transferred to following account:

IBAN: BE 65 6792 0059 5996

BIC: PCHQBEBB

Service public fédéral Santé publique, Sécurité de la Chaîne alimentaire et Environnement

Redevances & cotisations produits

Place Victor Horta 40, boîte 10

B - 1060 Brussels

Be sure to indicate the reference “AR relatif à la mise à disposition sur le marché et à l’utilisation des produits biocides, article 26” as well as the name of the biocidal product in the “communication” field on the payment slip.

Please attach proof of payment to your parallel trade permit application

This permit application, including the required attachments, must be sent to:

Service public fédéral Santé publique, Sécurité de la Chaîne alimentaire et Environnement

Direction générale Environnement

Service Produits biocides

Place Victor Horta 40, boîte 10

B - 1060 Brussels

*(place) (date)*

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| Please indicate CLEARLY the name and the position of the signatory | I hereby certify this application is sincere and complete |

*(signature)*