

# Change of Details Form



## Mandatory Information

**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.)

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

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**Date of Birth / Company Registered Number** (If sole trader or partnership enter date of birth, if company enter company registered number)

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Please read the following notes before filling in the application form

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

Please return this form (and payment if adding premises) to:  
National Register of Tobacco Retailers, Office of Tobacco Control,  
Willow House, Millennium Park, Naas, Co. Kildare.

Alternatively make your changes online at [www.tobaccoregister.ie](http://www.tobaccoregister.ie)

Please complete the section of the form that relates to the details you wish to change.

To update the following information	Complete Section
Applicant address	1
Address of a partner	2
Number of closed containers /self service vending machines	3
Supplier of tobacco products	4
Add premises (A €50 cheque, postal order or bank draft made payable to the Office of Tobacco Control is required)	5
Remove a premises from the register	6
Remove your application from the register	7

To request any other changes to the register please contact the office on 1890 333 100 or [info@tobaccoregister.ie](mailto:info@tobaccoregister.ie)

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## Section 1: Change Applicant Address

**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. )

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### Original Address

(please provide the address that you originally applied with, home or company's registered office address)

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**Town/City**

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**County**

**Country**

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### New Address

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

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**Town/City**

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**County**

**Country**

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### 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**

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(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, Office of Tobacco Control, Willow House, Millennium Park, Naas, Co Kildare.

It is an offence under Section 37(13) 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 Office of Tobacco Control.

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## Section 2: Change Partner's Address

**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. )

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**Partner's Name**

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**Partner's Date of Birth**

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**Partner's Original Address**

(please provide the address that you originally applied with)

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**Town/City**

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**County**

**Country**

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**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))

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**Town/City**

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**County**

**Country**

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**Declaration**

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

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**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, Office of Tobacco Control, Willow House, Millennium Park, Naas, Co Kildare.

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## Section 3: Update number of closed containers/self service vending machines

**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. )

Complete the following details for each of your registered premises.

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

Premises ID 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 premises ID on your prescribed sign or 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 tobacco is sold from 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**

**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, Office of Tobacco Control, Willow House, Millennium Park, Naas, Co Kildare.

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## Section 4: Update Suppliers of Tobacco Products

**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. )

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 which 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**

**Date**

(Applicant's signature)

(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, Office of Tobacco Control, Willow House, Millennium Park, Naas, Co Kildare.

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## Section 5: Add Premises - €50 payment required

**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.)

Enter the details of each additional premises (or mobile unit) from which you intend to sell tobacco products by retail. (to add more than three premises, please use the add premises continuation sheet on the following page)

### Premises

Business name (if any) (see note 1 below)	Type of business (see note 2 below)	Number of closed containers (see note 3 below)	Number of self service vending machines (see note 3 below)	Vehicle Registration Number (if applicable) (see note 4 below)	Address of premises where the business of the sale of tobacco products by retail is carried out in whole or in part. If a mobile trader include address where vehicle is normally kept.

### Completion Notes:

1. Specify the name of the business (or any business name on the mobile unit).
2. Specify the type of business (for example convenience store, duty free shop, food stall, garage forecourt, head shop, hotel, independent grocer, licensed premises, mobile unit, newsagent, nightclub, registered club, restaurant, ship, supermarket).
3. Specify the number of closed containers and/or self service vending machines in use at the premises. Self service vending machines are only permitted in licenced premises or registered clubs.
4. Specify the vehicle registration number of the mobile unit if applicable.

### 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, that the details given are correct and that you have enclosed a cheque, postal order or bank draft for €50 payable to the Office of Tobacco Control. Please return this form and payment to: National Register of Tobacco Retailers, Office of Tobacco Control, Willow House, Millennium Park, Naas, Co Kildare.

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## Add Premises Continuation Sheet

Business name (if any) (see note 1 on previous page)	Type of business (see note 2 on previous page)	Number of closed containers (see note 3 on previous page)	Number of self service vending machines (see note 3 on previous page)	Vehicle Registration Number (if applicable) (see note 4 on previous page)	Address of premises where the business of the sale of tobacco products by retail is carried out in whole or in part. If a mobile trader include address where vehicle 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**

**Date**

(Applicant's signature)

(dd/mm/yyyy)

## Section 6: Remove a Premises from the Register

**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.)

Please provide the following information for the premises that you wish to remove from the Register. If you wish to cancel your registration please complete Section 7: Remove your application from the Register.

Premises ID TRXXXXX-RPXXXXX	Premises Name	Premises Address

Tobacco products can no longer be sold by retail from these premises.

### 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

### 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, Office of Tobacco Control, Willow House, Millennium Park, Naas, Co Kildare.

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## Section 7: Remove your application from the Register

**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.)

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

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**Date of Birth / Company Registered Number**

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### Declaration

**I hereby declare that the particulars furnished in this form are correct and request that I be removed from the National Register of Tobacco Retailers. I understand that I can no longer sell tobacco products by retail.**

**Signed**

**Date**

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(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, Office of Tobacco Control, Willow House, Millennium Park, Naas, Co Kildare.

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