**Mandatory information**

|  |  |
| --- | --- |
| Product Name: |  |
| Responsible Person: |  |
| Address: |  |
| Contact email: |  |

**What is the volume of your packaging (ml or grams)**

**Have you performed Stability Test to evaluate the Shelf life of your product?**

**Does it get expiry date or PAO?**

**Is your product manufactured and imported in the U.K. from any other country? If yes, from which?**

**Do you have the Cosmetic Product Safety Report?**

**Directions of use as they appear on the label (if any)**

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**Formula: (in the case no Safety Report / Assessment provided)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Common name OR INCI Name** | **Weight in****%** | **Weight in****Grams / ml** | **Supplier** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
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| 23 |  |  |  |  |
| 24 |  |  |  |  |
| 25 |  |  |  |  |

Name:

Signature: