



GOVERNMENT OF BERMUDA  
Ministry of Health and Seniors  

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**Department of Health**

Regulation.....

Serial No.....

**THE TOBACCO CONTROL ACT, 2015**

**APPLICATION FOR REGISTRATION AS A WHOLESALE DISTRIBUTOR OF  
CIGARETTE PRODUCTS OR TOBACCO PRODUCTS**

In accordance with the Tobacco Control Act 2015, Section 35, the following information is to be provided by the applicant to the Director of the Department of Health, Ministry of Health and Seniors.

1. Name of the Business Enterprise (same as in Trade and Business License):

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2. Physical Address: \_\_\_\_\_

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3. Mailing Address: \_\_\_\_\_

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4. Nature of the Business:

Wholesale Distributor

Retailer

Importer

Internet Mail

Cigar Bar / Retailer

Manufacturer



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5. Principal Owner's Contact details: (same as in Trade and Business License)

(a) Mr/Mrs/Miss \_\_\_\_\_

(b) Date of Birth \_\_\_\_\_

(c) Nationality \_\_\_\_\_

(d) Telephone number(s): \_\_\_\_\_

(e) Fax: \_\_\_\_\_

(f) Email: (business) \_\_\_\_\_

(g) Email (personal) \_\_\_\_\_

6. If the business enterprise engages in Internet and mail sales, provide URL and state the products and countries of destination of customers.

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7. Name and types of products to be traded

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8. Sources of Products

Name and address of source

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Overseas (countries of origin) \_\_\_\_\_



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9. Trade and Business License No. (if applicable) \_\_\_\_\_  
 Period of validity from \_\_\_\_\_ to \_\_\_\_\_

10. I understand the requirements of being a Wholesale Distributor of cigarette or tobacco products, as set out in the Tobacco control Act 2015 and I shall abide by them.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

----- **OFFICIAL USE ONLY** -----

A.) Date application received: \_\_\_\_\_ by \_\_\_\_\_

B.) Fee \$ \_\_\_\_\_ received \_\_\_\_\_ by \_\_\_\_\_

Receipt # \_\_\_\_\_

C.) Date fees paid into Treasury \_\_\_\_\_ by \_\_\_\_\_

D.) Disposition of application:  Approved     Not approved

Reasons if not approved \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Signature of CEHO: \_\_\_\_\_

E.) Registration Number: \_\_\_\_\_

F.) Date of registration certificate: \_\_\_\_\_