# Appendix to decision on confidential treatment

**Request for certain information to be kept confidential (Article 63 (2) of Regulation (EC) No 1107/2009) amended by Regulation (EU) No 2019/1381**

This request pertains to:

**☐ an Application for authorisation or amendment of an authorisation (Art. 33)**

**☐ a Renewal of authorisation (Art. 43)**

**☐ a Mutual Recognition (Art. 40) Product name/Product code:**

**Active substance:**

**Member State:**

The applicant must complete columns A, B, C and D. The Danish Environmental Protection Agency fills in column E. If a request for confidential treatment is rejected, one of the following reasons will be given: 1) the request is not accompanied by a verifiable justification, 2) it has not been demonstrated that it can potentially harm the applicants interest to a significant degree if the information is published, and/or 3) the information is not covered by Article 63.2 of Regulation (EC) No 1107/2009 amended by Regulation (EU) No 2019/1381.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A** | **B** | **C** | **D** | **E** |
| **Item or Document** | **Page no** | **Paragraph** | **Justification and reference to Article 63.2 of**  **Regulation (EC) No 1107/2009 amended by Regulation (EU) No 2019/1381** | **Evaluation of the request by the MS** |
| Document … | / | / |  |  |
| Document | / | / |  |  |
| Document | / | / |  |  |
| Summary document Part B  Section 1, point … | / | / |  |  |
| Summary document Part B  Section 2, point … | / | / |  |  |
| Summary document Part B  Section 3, point … | / | / |  |  |
| Summary document Part B  Section 4, point … | / | / |  |  |
| Summary document Part B  Section 5, point … | / | / |  |  |
| Summary document Part B  Section 6, point … | / | / |  |  |
| Summary document Part B  Section 7, point … | / | / |  |  |
| Data (document K) related to points … | / | / |  |  |
| Data (document K) related to points … | / | / |  |  |
| Names and addresses of natural persons involved in testing on vertebrate animals or in obtaining toxicological information | / | / | No justification required |  |
| … | / | / |  |  |

Company: …………………………………………

Date: …………………………………………………

Signature: ………………………………………… (Stamp)

**Please send this form:**

* **to the Zonal/Interzonal Rapporteur Member State and all cMS together with the application for authorisation or amendment of an authorization (Art. 33)**
* **to the Zonal/Interzonal Rapporteur Member State and all cMS together with the application for renewal of authorization (Art. 43)**
* **to the Member State where the application for mutual recognition is submitted (Art.40)**