# SCHEDULES

## SCHEDULE 1

Regulation 22(1)

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| Ffurflen Hysbysiad Cosb Benodedig<br>Methu ag arddangos arwyddion yn unol â rheoliadau a wnaed o dan adran 17. | Fixed Penalty Notice Form<br>Failing to display signs in accordance with regulations made under section 17. |
| **[ENW'R AWDURDOD GORFODI]** | **[NAME OF ENFORCEMENT AUTHORITY]** |
| **[CYFEIRIAD YR AWDURDOD GORFODI]** | **[ADDRESS OF ENFORCEMENT AUTHORITY]** |
| **DEDDF IECHYD Y CYHOEDD (CYMRU) 2017:** | **PUBLIC HEALTH (WALES) ACT 2017:** |
| **ADRAN 17 (METHU AG ARDDANGOS ARWYDDION YN UNOL Â RHEOLIADAU A WNAED GAN NEU O DAN ADRAN 17)** | **SECTION 17 (FAILING TO DISPLAY SIGNS IN ACCORDANCE WITH REGULATIONS MADE BY OR UNDER SECTION 17)** |
| **HYSBYSIAD COSB BENODEDIG** | **FIXED PENALTY NOTICE** |
| **SWM Y GOSB £200** | **PENALTY AMOUNT £200** |

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| **RHAN 1:** | | **PART 1:** |
| **COPI'R DERBYNNYDD** | | **RECIPIENT COPY** |
| **Rhif yr hysbysiad cosb benodedig** | ____________________ | **Fixed penalty notice number** |
| **Enw llawn y troseddwr honedig** | ____________________ | **Full name of alleged offender** |
| **Cyfeiriad y troseddwr honedig** | ____________________<br>____________________<br>____________________ | **Address of alleged offender** |
| **Cod post** | ____________________ | **Post code** |
| **Dyddiad geni (os yw'n hysbys)** | ____________________ | **Date of birth (if known)** |
| Mae gennyf i, | | I, |
| | ____________________ | |
| , un o swyddogion awdurdodedig [enw'r awdurdod | | , an authorised officer of the [name of enforcement authority] |

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| gorfodi] yn rhinwedd adran 18 o Ddeddf Iechyd y Cyhoedd (Cymru) 2017, reswm dros gredu ichi gyflawni trosedd o dan adran 17 o Ddeddf Iechyd y Cyhoedd (Cymru) 2017 (methu ag arddangos arwyddion yn unol â rheoliadau a wnaed o dan adran 17) mewn mangre neu gerbyd y mae gan [enw'r awdurdod gorfodi] gyfrifoldebau gorfodi mewn cysylltiad â hi neu ag ef. | | by virtue of section 18 of the Public Health (Wales) Act 2017, have reason to believe that you committed an offence under section 17 of the Public Health (Wales) Act 2017 (failing to display signs in accordance with regulations made under section 17) within premises or vehicle in respect of which [name of enforcement authority] has enforcement responsibilities. |
| Yr amgylchiadau yr honnir eu bod yn drosedd yw eich bod chi, am (*amser*) | ____________________ | The circumstances alleged to constitute the offence are that at (*time*) |
| o'r gloch, ar (*dyddiad*) | ____________________ | hours, on (*date*) |
| yn y fangre neu'r cerbyd a ganlyn (*lle y digwyddodd y drosedd honedig, gan gynnwys y cyfeiriad*) | ____________________<br>____________________ | you, at/on the following premises or vehicle (*where alleged offence took place, including address*) |
| sef mangre neu gerbyd y mae adran 17 o Ddeddf Iechyd y Cyhoedd (Cymru) 2017 yn gymwys iddi neu iddo (*manylion y drosedd*) | ____________________<br>____________________<br>____________________<br>____________________ | being premises or a vehicle to which section 17 of the Public Health (Wales) Act 2017 applies allegedly (*details of offence*) |

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| Mae'r hysbysiad hwn yn rhoi'r cyfle ichi i ryddhau unrhyw atebolrwydd am euogfarn am y drosedd honno drwy dalu cosb benodedig o **£200 (dau gan punt)**. Ni ddygir achos am y drosedd hon cyn diwedd 29 o ddiwrnodau sy'n dechrau â (*y dyddiad y rhoddir yr hysbysiad hwn*). | This notice offers you the opportunity of discharging any liability for conviction for that offence by payment of a fixed penalty of **£200 (two hundred pounds)**. No proceedings will be taken for this offence before the end of 29 days beginning with (*the date on which this notice is given*). |
| Ni fyddwch yn agored i euogfarn am y drosedd os byddwch yn talu'r gosb benodedig o fewn y cyfnod hwnnw. Yn y ffurflen hon, cyfeirir at y cyfnod hwn fel y cyfnod 29 o ddiwrnodau. | You will not be liable to conviction for the offence if you pay the fixed penalty within that period. In this form, this period is referred to as the 29 day period. |
| **Gallwch dalu swm gostyngol o £150 (cant a hanner o bunnoedd) os byddwch yn talu o fewn 15 niwrnod sy'n dechrau â (*y dyddiad y rhoddir yr hysbysiad hwn*).** | **You can pay a discounted amount of £150 (one hundred and fifty pounds) if you pay within 15 days beginning with (*date on which this notice is given*).** |

Os nad yw'r 15fed diwrnod yn ddiwrnod gwaith, cewch dalu ar y diwrnod gwaith nesaf. Ystyr "diwrnod gwaith" yw unrhyw ddiwrnod nad yw'n ddydd Sadwrn, dydd Sul, Dydd Nadolig, Dydd Gwener y Groglith nac yn ddiwrnod sy'n ŵyl banc yng Nghymru a Lloegr o dan Ddeddf Bancio a Thrafodion Ariannol 1971. Yn y ffurflen hon, cyfeirir at y cyfnod hwn fel y cyfnod 15 niwrnod.

If the 15th day is not a working day, you may pay on the next working day. "Working day" means any day which is not Saturday, Sunday, Christmas Day, Good Friday or a day which is a bank holiday in England and Wales under the Banking and Financial Dealings Act 1971. In this form, this period is referred to as the 15 day period.

Ceir gwybodaeth at sylw di-oed y person y dyroddwyd yr hysbysiad cosb benodedig hwn iddo yn Rhan 2 o'r hysbysiad hwn. Ceir manylion ynghylch sut i dalu'r gosb benodedig hon yn Rhan 3 o'r hysbysiad hwn. Ceir manylion ynghylch sut i ofyn am wrandawiad llys mewn perthynas â'r drosedd honedig hon yn Rhan 4 o'r hysbysiad hwn.

Information for the immediate attention of the person who has been issued this fixed penalty notice is at Part 2 of this notice. Details about how to pay this fixed penalty are at Part 3 of this notice. Details about how to request a court hearing in relation to this alleged offence are at Part 4 of this notice.

**Os oes gennych unrhyw gwestiynau, neu os ydych yn dymuno trafod yr hysbysiad hwn, cysylltwch â: [enw a chyfeiriad yr awdurdod gorfodi a manylion cyswllt].**

**If you have any questions, or if you wish to discuss this notice, please contact [name and address of enforcement authority and contact details].**

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| *Llofnod y swyddog awdurdodedig* | ______________________ | *Signature of authorised officer* |
| *Dyddiad dyroddi (dd/mm/bbbb)* | ______________________ | *Date of issue (dd/mm/yyyy)* |

**Rhan 2**

**GWYBODAETH AT SYLW DI-OED Y PERSON Y DYRODDWYD YR HYSBYSIAD HWN IDDO:**

Rydych wedi cael yr hysbysiad hwn oherwydd bod gan swyddog awdurdodedig [enw'r awdurdod gorfodi] a enwir yn Rhan 1 o'r hysbysiad hwn reswm dros gredu eich bod wedi cyflawni'r drosedd o fethu ag arddangos arwyddion yn unol â rheoliadau a wnaed o dan adran 17 o Ddeddf Iechyd y Cyhoedd (Cymru) 2017 fel y'i disgrifir yn Rhan 1. O fewn y **cyfnod 29 o ddiwrnodau a bennir yn Rhan 1, rhaid ichi naill ai** talu'r gosb **neu** ofyn bod llys yn gwrando ar y mater. Ni chewch wneud y ddau beth.

Os byddwch yn methu â gwneud y naill neu'r llall, caiff [enw'r awdurdod gorfodi], ac yntau'n awdurdod gorfodi yn rhinwedd adran 18 o Ddeddf Iechyd y Cyhoedd (Cymru) 2017, ddwyn y mater hwn gerbron llys. Mae person a ddyfernir yn euog o'r drosedd o fethu ag arddangos arwyddion yn unol â rheoliadau a wnaed o dan adran 17 o Ddeddf Iechyd y Cyhoedd (Cymru) 2017 yn agored ar euogfarn ddiannod i ddirwy nad yw'n uwch na lefel 3 ar y raddfa safonol.

**Part 2**

**INFORMATION FOR THE IMMEDIATE ATTENTION OF THE PERSON WHO HAS BEEN ISSUED WITH THIS NOTICE:**

You have received this notice because the authorised officer of [name of enforcement authority] named in Part 1 of this notice has reason to believe that you have committed the offence of failing to display signs in accordance with regulations made under section 17 of the Public Health (Wales) Act 2017 as described in Part 1. Within the **29 day period specified in Part 1, you must either** pay the penalty **or** request that the matter be heard by a court. You may not do both.

If you fail to do either, [name of enforcement authority] as an enforcement authority by virtue of section 18 of the Public Health (Wales) Act 2017, may pursue this matter in court. A person found guilty of the offence of failing to display signs in accordance with regulations made under section 17 of the Public Health (Wales) Act 2017 is liable on summary conviction to a fine not exceeding level 3 on the standard scale.

**Rhan 3**

**Part 3**

**TALU'R GOSB**

**PAYING THE PENALTY**

Swm y gosb benodedig yw **£200 (dau gan punt).** Rhaid ei dalu o fewn y cyfnod 29 o ddiwrnodau a bennir yn Rhan 1.

The amount of the fixed penalty is **£200 (two hundred pounds)**. It must be paid within the 29 day period which is specified in Part 1.

Gallwch dalu swm gostyngol o **£150 (cant a hanner o bunnoedd)** os byddwch yn talu o fewn y cyfnod 15 niwrnod a bennir yn Rhan 1.

You can pay a discounted amount of **£150 (one hundred and fifty pounds)** if you pay within the 15 day period which is specified in Part 1.

Os byddwch yn dewis talu'r gosb benodedig hon, ni chymerir unrhyw gamau pellach mewn cysylltiad â'r drosedd honedig a ddisgrifir yn Rhan 1 o'r hysbysiad hwn. Nid yw talu'r gosb yn golygu eich bod yn cyfaddef eich bod yn euog ac ni fydd yn arwain at gofnod o euogfarn droseddol yn eich erbyn. Caniateir talu drwy gwblhau Rhan 3A isod a'i hanfon ynghyd â thaliad i'r cyfeiriad a nodir yn y Rhan honno, neu drwy gwblhau Rhan 3A isod a thalu'n bersonol yn [enw a chyfeiriad yr awdurdod gorfodi].

If you choose to pay this fixed penalty, no further action will be taken in respect of the alleged offence described at Part 1 of this notice. The payment of the penalty involves no admission of guilt and will not result in a record of criminal conviction being made against you. Payment may be made by completing Part 3A below and sending it with payment to the address stated in that Part, or by completing Part 3A below and paying in person at [name and address of enforcement authority].

Mae'r dulliau talu derbyniol yn cynnwys arian parod, siec, archeb bost neu archeb arian, neu daliad ar-lein yn y cyfeiriad gwe a ganlyn [cyfeiriad ar gyfer gwneud taliadau ar-lein]. Dylid gwneud sieciau, archebion post neu archebion arian yn daladwy i [enw'r awdurdod gorfodi]. Os byddwch yn dewis talu'r gosb benodedig hon mewn arian parod drwy'r post, rhaid ei anfon drwy'r post cofrestredig, a rhaid cadw prawf o bostio. Os bydd arnoch angen derbynneb am dalu'r gosb, rhaid ichi ofyn amdani pan fyddwch yn talu, ac os byddwch yn talu drwy'r post, rhaid ichi ddarparu amlen ac arni stamp a'ch cyfeiriad eich hun.

Acceptable methods of payment include cash, cheque, postal order or money order or online at the following web address [address for making online payments]. Cheques, postal orders or money orders should be made payable to [name of enforcement authority]. If you choose to pay this fixed penalty in cash by post, this must be sent by registered post, and proof of posting must be retained. If you require a receipt for the payment of the penalty, you must ask for one at the time of payment, and if paying by post, you must provide a stamped, self-addressed envelope.

**RHYBUDD: NI DDERBYNNIR TALIAD HWYR. NID ANFONIR NODYN I'CH ATGOFFA.**

**WARNING: LATE PAYMENT WILL NOT BE ACCEPTED. YOU WILL NOT BE SENT A REMINDER.**

**Rhan 3A**

**Part 3A**

**TALU COSB BENODEDIG A DDYRODDWYD O DAN ADRAN 27 O DDEDDF IECHYD Y CYHOEDD (CYMRU) 2017 MEWN CYSYLLTIAD Â THROSEDD O DAN ADRAN 17(5) O'R DDEDDF HONNO (METHU AG ARDDANGOS ARWYDDION YN UNOL Â RHEOLIADAU A WNAED O DAN ADRAN 17)**

**PAYMENT OF FIXED PENALTY ISSUED UNDER SECTION 27 OF THE PUBLIC HEALTH (WALES) ACT 2017 IN RESPECT OF AN OFFENCE UNDER SECTION 17(5) OF THAT ACT (FAILING TO DISPLAY SIGNS IN ACCORDANCE WITH REGULATIONS MADE UNDER SECTION 17)**

***Rhaid amgáu'r slip hwn gyda phob taliad***

***This slip must accompany all payments***

[Enw'r awdurdod gorfodi a'r ____________________ [Name and address at

| | | |
|---|---|---|
| cyfeiriad lle y dylid anfon y taliad] | | enforcement authority where payment should be sent] |
| **Rhif yr hysbysiad cosb benodedig** | ______________________ | **Fixed penalty notice number** |
| Rwyf yn amgáu'r swm o: (*ticiwch un blwch)* | | I enclose the amount of: (*tick one box*) |
| (os gwneir y taliad o fewn y cyfnod 15 niwrnod a bennir yn Rhan 1) | ☐ **£150** | (if the payment is made within the 15 day period specified in Part 1) |
| (os gwneir y taliad o fewn y cyfnod 29 o ddiwrnodau a bennir yn Rhan 1) | ☐ **£200** | (if the payment is made within the 29 day period specified in Part 1) |
| Enw llawn y troseddwr honedig | ______________________ | Full name of the alleged offender |
| Cyfeiriad y troseddwr honedig | ______________________<br>______________________<br>______________________ | Address of the alleged offender |
| Cod post | ______________________ | Post code |
| Llofnod | ______________________ | Signature |
| Dyddiad (*dd/mm/bbbb*) | ______________________ | Date (*dd/mm/yyyy)* |

**RHAN 4**

**GOFYN AM WRANDAWIAD LLYS**

Os byddwch yn dewis gofyn am wrandawiad llys, **rhaid** ichi wneud hynny o fewn y cyfnod 29 o ddiwrnodau drwy gwblhau Rhan 4A a'i hanfon at [enw'r awdurdod gorfodi], neu drwy ysgrifennu at [enw'r awdurdod gorfodi] yn y cyfeiriad a nodir yn Rhan 4A, gan roi eich manylion, rhif yr hysbysiad cosb benodedig (a geir yn Rhan 1 o'r hysbysiad hwn) a chyfeiriad lle y gellir cyflwyno gwŷs ichi. Bydd yr wŷs yn rhoi gwybod ichi pryd i fynd i'r llys ac ym mhle y mae'r llys. Dim ond derbynnydd yr hysbysiad hwn (y person a enwir yn Rhan 1) a gaiff ofyn am wrandawiad llys.

**PART 4**

**REQUESTING A COURT HEARING**

If you choose to request a court hearing, you **must** do so within the 29 day period by completing Part 4A and sending it to [name of enforcement authority], or by writing to [name of enforcement authority] at the address stated in Part 4A, giving your details, the fixed penalty notice number (which can be found in Part 1 of this notice) and an address at which a summons can be served on you. The summons will tell you when and where to attend court. Only the recipient of this notice (the person named at Part 1) may request a court hearing.

**Rhan 4A**

**DEDDF IECHYD Y CYHOEDD (CYMRU) 2017:**
**METHU AG ARDDANGOS ARWYDDION YN UNOL Â RHEOLIADAU A WNAED O DAN ADRAN 17**

**CAIS I LYS BARN YMDRIN Â THROSEDD HONEDIG**

**Part 4A**

**PUBLIC HEALTH (WALES) ACT 2017:**
**FAILING TO DISPLAY SIGNS IN ACCORDANCE WITH REGULATIONS MADE UNDER SECTION 17**

**REQUEST FOR ALLEGED OFFENCE TO BE DEALT WITH BY A COURT OF LAW**

| | | |
|---|---|---|
| At<br>[Enw'r awdurdod gorfodi a'r cyfeiriad y dylid anfon Rhan 4 iddo]. | ____________<br>____________ | To<br>[Name and address at enforcement authority to which Part 4 should be sent] |
| **Rhif yr hysbysiad cosb benodedig** | ____________ | **Fixed penalty notice number** |
| Rwyf yn dymuno i lys barn ymdrin â mi mewn cysylltiad â'r drosedd honedig. | | I wish to be dealt with by a court of law for the alleged offence. |
| **Enw llawn y troseddwr honedig** | ____________ | **Full name of alleged offender** |
| **Cyfeiriad y troseddwr honedig** | ____________<br>____________<br>____________ | **Address of alleged offender** |
| **Cod post** | ____________ | **Post code** |
| **Llofnod** | ____________ | **Signature** |
| **Dyddiad** | ____________ | **Date** |

## SCHEDULE 2

Regulation 22(2)

| Ffurflen Hysbysiad Cosb Benodedig<br>Ysmygu mewn mangre ddi-fwg neu mewn cerbyd di-fwg.<br>Methu ag atal ysmygu mewn cerbyd sy'n cael ei ddefnyddio at ddibenion cymdeithasol, domestig neu ddibenion preifat eraill pan fo plentyn yn bresennol. | Fixed Penalty Notice Form<br>Smoking in smoke-free premises or in a smoke-free vehicle.<br>Failing to prevent smoking in a vehicle being used for social, domestic or other private purposes where a child is present. |
|---|---|
| **[ENW'R AWDURDOD GORFODI]** | **[NAME OF ENFORCEMENT AUTHORITY]** |
| **[CYFEIRIAD YR AWDURDOD GORFODI]** | **[ADDRESS OF ENFORCEMENT AUTHORITY]** |
| **DEDDF IECHYD Y CYHOEDD (CYMRU) 2017:** | **PUBLIC HEALTH (WALES) ACT 2017:** |
| **ADRAN 5(1) (YSMYGU MEWN MANGRE DDI-FWG NEU MEWN CERBYD DI-FWG)** | **SECTION 5(1) (SMOKING IN SMOKE-FREE PREMISES OR IN A SMOKE-FREE VEHICLE)** |
| **ADRAN 6(6) (METHU AG ATAL YSMYGU MEWN CERBYD SY'N CAEL EI DDEFNYDDIO AT DDIBENION CYMDEITHASOL, DOMESTIG NEU DDIBENION PREIFAT ERAILL PAN FO PLENTYN YN BRESENNOL)** | **SECTION 6(6) (FAILING TO PREVENT SMOKING IN A VEHICLE BEING USED FOR SOCIAL, DOMESTIC OR OTHER PRIVATE PURPOSES WHERE A CHILD IS PRESENT)** |
| **HYSBYSIAD COSB BENODEDIG** | **FIXED PENALTY NOTICE** |
| **SWM Y GOSB £100** | **PENALTY AMOUNT £100** |

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| **RHAN 1:** | | **PART 1:** |
| **COPI'R DERBYNNYDD** | | **RECIPIENT COPY** |
| **Rhif yr hysbysiad cosb benodedig** | ______________________ | **Fixed penalty notice number** |
| **Enw llawn y troseddwr honedig** | ______________________ | **Full name of alleged offender** |
| **Cyfeiriad y troseddwr honedig** | ______________________<br>______________________<br>______________________<br>______________________ | **Address of alleged offender** |
| **Cod post** | ______________________ | **Post code** |

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|---|---|---|
| **Dyddiad geni (os yw'n hysbys)** | ____________________ | **Date of birth (if known)** |
| Mae gennyf i, | | I, |
| | ____________________ | |
| , un o swyddogion awdurdodedig [enw'r awdurdod gorfodi] yn rhinwedd adran 18 o Ddeddf Iechyd y Cyhoedd (Cymru) 2017, reswm dros gredu ichi gyflawni trosedd o dan:<br>(*ticiwch un blwch*) | | , an authorised officer of the [name of enforcement authority] by virtue of section 18 of the Public Health (Wales) Act 2017, have reason to believe that you committed an offence under:<br>(*tick one box*) |
| adran 5(1) o Ddeddf Iechyd y Cyhoedd (Cymru) 2017 (ysmygu mewn mangre ddi-fwg neu mewn cerbyd di-fwg), neu | ☐ | section 5(1) of the Public Health (Wales) Act 2017 (smoking in smoke-free premises or in a smoke-free vehicle), or |
| adran 6(6) o Ddeddf Iechyd y Cyhoedd (Cymru) 2017 (methu ag atal ysmygu mewn cerbyd sy'n cael ei ddefnyddio at ddibenion cymdeithasol, domestig neu breifat pan fo plentyn yn bresennol) | ☐ | section 6(6) of the Public Health (Wales) Act 2017 (failing to prevent smoking in a vehicle being used for social, domestic or private purposes where a child is present) |
| mewn mangre neu gerbyd y mae gan [enw'r awdurdod gorfodi] gyfrifoldebau gorfodi mewn perthynas ag ef. | | within premises or vehicle in relation to which [name of enforcement authority] has enforcement responsibilities. |
| Amgylchiadau'r drosedd honedig yw eich bod chi, am (*amser*) | ____________________ | The circumstances of the alleged offence are that at (*time*) |
| o'r gloch, ar (*dyddiad*) | ____________________ | hours, on (*date*) |
| yn y fangre neu'r cerbyd a ganlyn (*lle y digwyddodd y drosedd honedig, gan gynnwys y cyfeiriad os oes un*) | ____________________<br>____________________<br>____________________<br>____________________ | you, at/on the following premises or vehicle (*where alleged offence took place, including address, if any*) |
| sef mangre neu gerbyd y mae darpariaethau adran 5(1) neu 6(6) o Ddeddf Iechyd y Cyhoedd (Cymru) 2017 yn gymwys iddi neu iddo (*manylion y drosedd*) | ____________________<br>____________________<br>____________________ | being premises or vehicle to which the provisions of section 5(1) or 6(6) of the Public Health (Wales) Act 2017 apply, allegedly (*details of the offence*) |

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Mae'r hysbysiad hwn yn rhoi'r cyfle ichi i ryddhau unrhyw atebolrwydd am euogfarn am y drosedd honno drwy dalu cosb benodedig o **£100 (canpunt)**. Ni ddygir achos am y drosedd hon cyn diwedd 29 o ddiwrnodau sy'n dechrau â (*y dyddiad y rhoddir yr hysbysiad hwn*).

This notice offers you the opportunity of discharging any liability for conviction for that offence by payment of a fixed penalty of **£100 (one hundred pounds)**. No proceedings will be taken for this offence before the end of 29 days beginning with (*date on which this notice is given*).

Ni fyddwch yn agored i euogfarn am y drosedd os byddwch yn talu'r gosb benodedig o fewn y cyfnod hwnnw. Yn y ffurflen hon, cyfeirir at y cyfnod hwn fel y cyfnod 29 o ddiwrnodau.

You will not be liable to conviction for the offence if you pay the fixed penalty within that period. In this form, this period is referred to as the 29 day period.

**Gallwch dalu swm gostyngol o £75 (pymtheg a thrigain o bunnoedd) os byddwch yn talu o fewn y cyfnod o 15 niwrnod sy'n dechrau â (*y dyddiad y rhoddir yr hysbysiad hwn*).**

**You can pay a discounted amount of £75 (seventy five pounds) if you pay within the period of 15 days beginning with (*date on which this notice is given*).**

Os nad yw'r 15fed diwrnod yn ddiwrnod gwaith, cewch dalu ar y diwrnod gwaith nesaf. Ystyr "diwrnod gwaith" yw unrhyw ddiwrnod nad yw'n ddydd Sadwrn, dydd Sul, Dydd Nadolig, Dydd Gwener y Groglith nac yn ddiwrnod sy'n ŵyl banc yng Nghymru a Lloegr o dan Ddeddf Bancio a Thrafodion Ariannol 1971. Yn y ffurflen hon, cyfeirir at y cyfnod hwn fel y cyfnod 15 niwrnod.

If the 15th day is not a working day, you may pay on the next working day. "Working day" means any day which is not Saturday, Sunday, Christmas Day, Good Friday or a day which is a bank holiday in England and Wales under the Banking and Financial Dealings Act 1971. In this form, this period is referred to as the 15 day period.

Ceir gwybodaeth at sylw di-oed y person y dyroddwyd yr hysbysiad cosb benodedig hwn iddo yn Rhan 2 o'r hysbysiad hwn. Ceir manylion ynghylch sut i dalu'r gosb benodedig hon yn Rhan 3 o'r hysbysiad hwn. Ceir manylion ynghylch sut i ofyn am wrandawiad llys mewn perthynas â'r drosedd honedig hon yn Rhan 4 o'r hysbysiad hwn. **Os oes gennych unrhyw gwestiynau, neu os ydych yn dymuno trafod yr hysbysiad hwn, cysylltwch â: [enw a chyfeiriad yr awdurdod gorfodi a manylion cyswllt].**

Information for the immediate attention of the person who has been issued this fixed penalty notice is at Part 2 of this notice. Details about how to pay this fixed penalty are at Part 3 of this notice. Details about how to request a court hearing in relation to this alleged offence are at Part 4 of this notice. **If you have any questions, or if you wish to discuss this notice, please contact [name and address of enforcement authority and contact details].**

*Llofnod y swyddog awdurdodedig* ____________________ *Signature of authorised officer*

*Dyddiad dyroddi (dd/mm/bbbb)* ____________________ *Date of issue (dd/mm/yyyy)*

**Rhan 2**

**GWYBODAETH AT SYLW DI-OED Y PERSON Y DYRODDWYD YR HYSBYSIAD HWN IDDO:**

Rydych wedi cael yr hysbysiad hwn oherwydd bod gan swyddog awdurdodedig [enw'r awdurdod gorfodi] a enwir yn Rhan 1 o'r hysbysiad hwn reswm dros gredu eich bod wedi cyflawni'r drosedd o:

i. ysmygu mewn mangre ddi-fwg neu mewn cerbyd di-fwg; neu
ii. methu ag atal ysmygu mewn cerbyd sy'n cael ei ddefnyddio at ddibenion cymdeithasol, domestig neu ddibenion preifat eraill pan fo plentyn yn bresennol,

fel y'i disgrifir yn Rhan 1. O fewn y **cyfnod 29 o ddiwrnodau a bennir yn Rhan 1, rhaid ichi naill ai** talu'r gosb **neu** ofyn bod llys yn gwrando ar y mater. Ni chewch wneud y ddau beth.

Os byddwch yn methu â gwneud y naill neu'r llall, caiff [enw'r awdurdod gorfodi], ac yntau'n awdurdod gorfodi yn rhinwedd adran 18 o Ddeddf Iechyd y Cyhoedd (Cymru) 2017, ddwyn y mater hwn gerbron llys. Mae person a ddyfernir yn euog o'r drosedd o ysmygu mewn man di-fwg yn agored ar euogfarn ddiannod i ddirwy nad yw'n uwch na lefel 1 ar y raddfa safonol. Mae person a ddyfernir yn euog o'r drosedd o fethu ag atal ysmygu mewn cerbyd sy'n cael ei ddefnyddio at ddibenion cymdeithasol, domestig neu ddibenion preifat eraill pan fo plentyn yn bresennol yn agored ar euogfarn ddiannod i ddirwy nad yw'n uwch na lefel 4 ar y raddfa safonol.

**Part 2**

**INFORMATION FOR THE IMMEDIATE ATTENTION OF THE PERSON WHO HAS BEEN ISSUED WITH THIS NOTICE:**

You have received this notice because the authorised officer of [name of enforcement authority] named in Part 1 of this notice has reason to believe that you have committed the offence of:

i. smoking in smoke-free premises or in a smoke-free vehicle; or
ii. failing to prevent smoking in a vehicle being used for social, domestic or other private purposes where a child is present,

as described in Part 1. Within the **29 day period specified in Part 1, you must either** pay the penalty **or** request that the matter be heard by a court. You may not do both.

If you fail to do either, [name of enforcement authority] as an enforcement authority by virtue of section 18 of the Public Health (Wales) Act 2017, may pursue this matter in court. A person found guilty of the offence of smoking in a smoke-free place is liable on summary conviction to a fine not exceeding level 1 on the standard scale. A person found guilty of the offence of failing to prevent smoking in a vehicle being used for social, domestic or other private purposes where a child is present is liable on summary conviction to a fine not exceeding level 4 on the standard scale.

**Rhan 3**

**TALU'R GOSB**

Swm y gosb benodedig yw **£100 (canpunt).** Rhaid ei dalu o fewn y cyfnod 29 o ddiwrnodau a bennir yn Rhan 1.

Gallwch dalu swm gostyngol o **£75 (pymtheg a thrigain o bunnoedd)** os byddwch yn talu o fewn y cyfnod 15 niwrnod a bennir yn Rhan 1.

Os byddwch yn dewis talu'r gosb benodedig hon,

**Part 3**

**PAYING THE PENALTY**

The amount of the fixed penalty is **£100 (one hundred pounds).** It must be paid within the 29 day period which is specified in Part 1.

You can pay a discounted amount of **£75 (seventy five pounds)** if you pay within the 15 day period which is specified in Part 1.

If you choose to pay this fixed penalty, no further

ni chymerir unrhyw gamau pellach mewn cysylltiad â'r drosedd honedig a ddisgrifir yn Rhan 1 o'r hysbysiad hwn. Nid yw talu'r gosb yn golygu eich bod yn cyfaddef eich bod yn euog ac ni fydd yn arwain at gofnod o euogfarn droseddol yn eich erbyn. Caniateir talu drwy gwblhau Rhan 3A isod a'i hanfon ynghyd â thaliad i'r cyfeiriad a nodir yn y Rhan honno, neu drwy gwblhau Rhan 3A isod a thalu'n bersonol yn [enw a chyfeiriad yr awdurdod gorfodi].

Mae'r dulliau talu derbyniol yn cynnwys arian parod, siec, archeb bost neu archeb arian, neu daliad ar-lein yn y cyfeiriad gwe a ganlyn [cyfeiriad ar gyfer gwneud taliadau ar-lein]. Dylid gwneud sieciau, archebion post neu archebion arian yn daladwy i [enw'r awdurdod gorfodi]. Os byddwch yn dewis talu'r gosb benodedig hon mewn arian parod drwy'r post, rhaid ei anfon drwy'r post cofrestredig, a rhaid cadw prawf o bostio. Os bydd arnoch angen derbynneb am dalu'r gosb, rhaid ichi ofyn amdani pan fyddwch yn talu, ac os byddwch yn talu drwy'r post, rhaid ichi ddarparu amlen ac arni stamp a'ch cyfeiriad eich hun.

**RHYBUDD: NI DDERBYNNIR TALIAD HWYR. NID ANFONIR NODYN I'CH ATGOFFA.**

**Rhan 3A**

**TALU COSB BENODEDIG A DDYRODDWYD O DAN ADRAN 27 O DDEDDF IECHYD Y CYHOEDD (CYMRU) 2017 MEWN CYSYLLTIAD Â THROSEDD O DAN:**

**ADRAN 5(1) (YSMYGU MEWN MANGRE DDI-FWG NEU MEWN CERBYD DI-FWG) O'R DDEDDF HONNO**

**NEU**

**ADRAN 6(6) (METHU AG ATAL YSMYGU MEWN CERBYD SY'N CAEL EI DDEFNYDDIO AT DDIBENION CYMDEITHASOL, DOMESTIG NEU DDIBENION PREIFAT ERAILL PAN FO PLENTYN YN BRESENNOL) O'R DDEDDF HONNO**

***Rhaid amgáu'r slip hwn gyda phob taliad***

At
[Enw'r awdurdod gorfodi a'r cyfeiriad lle y dylid anfon y taliad]

action will be taken in respect of the alleged offence described at Part 1 of this notice. The payment of the penalty involves no admission of guilt and will not result in a record of criminal conviction being made against you. Payment may be made by completing Part 3A below and sending it with payment to the address stated in that Part, or by completing Part 3A below and paying in person at [name and address of enforcement authority].

Acceptable methods of payment include cash, cheque, postal order or money order or online at the following web address [address for making online payments]. Cheques, postal orders or money orders should be made payable to [name of enforcement authority]. If you choose to pay this fixed penalty in cash by post, this must be sent by registered post, and proof of posting must be retained. If you require a receipt for the payment of the penalty, you must ask for one at the time of payment, and if paying by post, you must provide a stamped, self-addressed envelope.

**WARNING: LATE PAYMENT WILL NOT BE ACCEPTED. YOU WILL NOT BE SENT A REMINDER.**

**Part 3A**

**PAYMENT OF FIXED PENALTY ISSUED UNDER SECTION 27 OF THE PUBLIC HEALTH (WALES) ACT 2017 IN RESPECT OF AN OFFENCE UNDER:**

**SECTION 5(1) (SMOKING IN A SMOKE-FREE PREMISES OR IN A SMOKE-FREE VEHICLE) OF THAT ACT**

**OR**

**SECTION 6(6) (FAILING TO PREVENT SMOKING IN A VEHICLE BEING USED FOR FOR SOCIAL, DOMESTIC OR OTHER PRIVATE PURPOSES WHERE A CHILD IS PRESENT) OF THAT ACT**

***This slip must accompany all payments***

To
[Name and address at enforcement authority where payment should be remitted]

| | | |
|---|---|---|
| **Rhif yr hysbysiad cosb benodedig** | ______________________ | **Fixed penalty notice number** |
| Rwyf yn amgáu'r swm o (*ticiwch un blwch)* | | I enclose the amount of (*tick one box*) |
| (os gwneir y taliad o fewn y cyfnod 15 niwrnod a bennir yn Rhan 1) | ☐ **£75** | (if the payment is made within the 15 day period specified in Part 1) |
| (os gwneir y taliad o fewn y cyfnod 29 o ddiwrnodau a bennir yn Rhan 1) | ☐ **£100** | (if the payment is made within the 29 day period specified in Part 1) |
| Enw llawn y troseddwr honedig | ______________________ | Full name of alleged offender |
| Cyfeiriad y troseddwr honedig | ______________________<br>______________________<br>______________________ | Address of alleged offender |
| Cod post | ______________________ | Post code |
| Llofnod | ______________________ | Signature |
| Dyddiad (*dd/mm/bbbb*) | ______________________ | Date (*dd/mm/yyyy)* |

| | |
|---|---|
| **RHAN 4** | **PART 4** |
| **GOFYN AM WRANDAWIAD LLYS** | **REQUESTING A COURT HEARING** |
| Os byddwch yn dewis gofyn am wrandawiad llys, **rhaid** ichi wneud hynny o fewn y cyfnod 29 o ddiwrnodau drwy gwblhau Rhan 4A a'i hanfon at [enw'r awdurdod gorfodi], neu drwy ysgrifennu at [enw'r awdurdod gorfodi] yn y cyfeiriad a nodir yn Rhan 4A, gan roi eich manylion, rhif yr hysbysiad cosb (a geir yn Rhan 1 o'r hysbysiad hwn) a chyfeiriad lle y gellir cyflwyno gwŷs ichi. Bydd yr wŷs yn rhoi gwybod ichi pryd i fynd i'r llys ac ym mhle y mae'r llys. Dim ond derbynnydd yr hysbysiad hwn (y person a enwir yn Rhan 1) a gaiff ofyn am wrandawiad llys. | If you choose to request a court hearing, you **must** do so within the 29 day period by completing Part 4A and sending it to [name of enforcement authority], or by writing to [name of enforcement authority] at the address stated in Part 4A, giving your details, the penalty notice number (which can be found in Part 1 of this notice) and an address at which a summons can be served on you. The summons will tell you when and where to attend court. Only the recipient of this notice (the person named at Part 1) may request a court hearing. |
| **Rhan 4A** | **Part 4A** |
| **DEDDF IECHYD Y CYHOEDD (CYMRU) 2017** | **PUBLIC HEALTH (WALES) ACT 2017** |
| **CAIS I LYS BARN YMDRIN Â THROSEDD HONEDIG** | **REQUEST FOR ALLEGED OFFENCE TO BE DEALT WITH BY A COURT OF LAW** |

| | | |
|---|---|---|
| At [Enw'r awdurdod gorfodi a'r cyfeiriad lle y dylid anfon Rhan 4A] | ____________________ | To [Name and address of enforcement authority where Part 4A should be sent] |
| **Rhif yr hysbysiad cosb benodedig** | ____________________ | **Fixed penalty notice number** |

| | |
|---|---|
| Rwyf yn dymuno i lys barn ymdrin â mi mewn cysylltiad â'r drosedd honedig. | I wish to be dealt with by a court of law for the alleged offence. |

| | | |
|---|---|---|
| Enw llawn y troseddwr honedig | ____________________ | Full name of alleged offender |
| Cyfeiriad y troseddwr honedig | ____________________<br>____________________<br>____________________ | Address of alleged offender |
| Cod post | ____________________ | Post code |
| Llofnod | ____________________ | Signature |
| Dyddiad | ____________________ | Date |