

APPLICATION FOR A LICENSE TO IMPORT A CONTROLLED SUBSTANCE/PRODUCT

A: Information concerning the importer

1. Name or trade of importer:
2. (a) Address:
- (b) Telephone No:
- (c) Fax No:
- (d) E-mail address:
3. Number of import trade license and date obtained:.....
4. Name of person authorised to act on behalf of importer (where applicable).....
.....
 (a) Designation:
- (b) Telephone No:
- (c) Fax No.....
- (d) E-mail address:
5. Controlled substance/product to be imported:.....
.....
.....
6. Customs tariff number and trade name of controlled substance/product:.....
.....
7. Condition of controlled substance/product (tick whichever is applicable)
 (a) new/virgin (b) already used/reconditioned (b) recycled/reclaimed
8. Quality to be imported:
9. Request for confidentiality of information (tick)
 Yes.....No.....
 Reason
10. Purpose and use of controlled substance/product to be imported:.....
.....
.....

11. Handling procedures and storage plans including safety precautions to be observed by the importer:

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12. Point of entry:.....

13. Mode of transport and intended carrier:.....

1. Name or trade name of the supplier:.....

2. Full address of supplier:.....

3. Country from which substances/product is consigned:.....

4. Holder of the product trademark:.....

5. Name and address of manufacturer:.....

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I declare that the information stated in this application is correct.

I undertake to observe the conditions under which this license is issued.

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..... Date

.....

Signature

C: FOR OFFICIAL USE ONLY

1. Application received on:.....

2. Application approved/rejected:.....

3. Conditions of approval/reasons for rejection:.....

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..... Date

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Executive Director