

THIRD SCHEDULE

(Made under regulations 3(4))

(To be filled in Duplicate)

ICC 6

APPLICATION FORM FOR CHEMICAL IMPORT OR CHEMICAL EXPORT PERMIT

1. Name of Applicant .....
- Address..... Telephone Number..... Fax  
Number..... E-mail.....
2. Location of the business: Plot no. .... Street.....  
Ward..... District ..... Region.....
3. Type of application: importer ( ) or exporter ( ) (Tick as appropriate)
4. Name of the authorized agent .....
5. Registration No. ....
6. The chemical to be imported or exported are: as per proforma invoice/Purchasing Order number  
.....(attach a copy)

S/No	NAME OF CHEMICAL	HS CODE	UNIT	QUANTITY

7. The importation or exportation of a chemical will be made during the period: ..... to  
.....and will enter or exit the country through .....
- (Port of entry)

**Declaration:** I certify that the above information is complete and correct.  
Designation.....Date.....

Signature and Official Stamp.....

OFFICIAL USE ONLY

Name of the officer.....Designation .....

Signature.....,

Date.....

**Decision:** Accepted/Rejected.....

Reasons for rejection if any.....