

GN. No.25

TENTH SCHEDULE

(Made under regulations 12(2))

(To be filled in Duplicate)

ICC 16

APPLICATION FORM FOR TRANSIT CHEMICALS TRANSPORTATION PERMIT

1. Name of the Consignee Address,
Country, Telephone Number,
Fax Number.....E-mail.....
2. Name of the person/company who will handle or transport the chemical in Mainland Tanzania, AddressCountry,
Telephone No....., Fax No.....,
Email AddressLocation of the business.....
3. Name and qualifications of person who will be in charge of chemical handling
4. Registration No. (if applicable)
5. Transit chemical to be transported are:

S/No	NAME OF CHEMICAL/S	HS CODE	UNIT	QUANTITY

As per Invoice, Bill of Lading, Packing List (Attach Copies).

6. The chemical will enter Tanzania through(Port of Entry) be transported through....., and exit Tanzania through(Port of Exit)

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7. The expected dates of arrival:, transportation, and exit.....

8. Declaration:

I.....certify that the above information is complete and correct.

Signature of Applicant Designation

Official Stamp Date

OFFICIAL USE ONLY

Name of the Officer Designation

Signature, Date.....

Decision: Accepted/Rejected

Reasons for rejection if any
