Industrial and Consumer Chemicals (Management and Control) (Amendment of the Schedules)

G.N. No. 386 (contd.)

FOURTH SECHEDULE

APPLICATIONS FORM FOR REGISTRATION OF A CERTIFICATE HOLDER

	(Made under section 15)	. *
1. Particulars of the applica	nt:	
I.I. Name:		
1.2 Address:		
1.3. Telephone:		
1.4. Fax:		
1.5. E-mail:		
2. Contact Person (if differe	ent from above):	
2. 1. Name:		
2.2. Address:		
2.3. Telephone		
2.4. Fax:		
2.5. E-mail:	***************************************	
-		
3. Physical Address:		
3 2Street No-		
3 3 District:		
3.4 Region:		
3.4 Region		
4. Description of Business/A	ctivity (State nature of activities e.g. production,	, importation,
exportation, transportation, or	dealing in chemicals)	
••••••		
••••••		

Provide evidence of Envir handlers	onment Impact Assessment (for producers/ large	ge scale users/
of highly hazardous chemicals	3)	
6. Business License No:		(attached copy)
7. List of chemicals to be har	ndled (Attach list where applicable):	
• • • • • • • • • • • • • • • • • • • •	•••••	
	•••••	
	•	
Signature	DateOfficial stamp	