

EIGHTH SCHEDULE

(Made under regulations 10(1))

(To be filled in Duplicate)

ICC 14

APPLICATION FORM FOR CHEMICAL TRANSPORTATION PERMIT

- I. Name of Applicant
 Address Telephone Number..... Fax
 Number E-mail.

2. Location of the business: Plot no Street
 Ward District Region
 .

3. Registration No

4. Name and qualification of person who will be in charge of handling chemicals

5. Chemicals to be transported are;

S/NO	NAME CHEMICAL/S	HS CODE	UNIT	QUANTITY

As per attached; Bill of Landing/Airway Bill, Invoice, Packing List and Chemical Import Permit.

- 6.The chemical will be transported fromthrough
 to
- 7.The transportation will be made between the period of:to

8. Declaration:

Icertify 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

OFFICIAL USE ONLY

Name of the Officer Designation
 Signature , Date

Decision: Accepted/Rejected
 Reasons for rejection if any

