



Singapore Customs,
55 Newton Road #07-02,
Revenue House
Singapore 307987
Tel No. : 6775 5137
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FORM D1: ANNUAL DECLARATIONS FOR PAST ACTIVITIES INVOLVING SCHEDULE 1 CHEMICAL

GENERAL INSTRUCTIONS

- ◆ All relevant forms for this application must be submitted together with the NA(CWC) Declaration Cover Certification Form.
- ◆ All sections must be completed. Where not applicable, please specify "N.A.". Any incomplete or illegible application will not be accepted.
- ◆ A chemical of a different concentration / purity should be submitted in separate forms.
- ◆ Please duplicate the form as required.
- ◆ This form may take you 15 minutes to fill in. You will need the following information to fill in the form:
 - Details of Facility Producing / Processing / Consuming / Storing Schedule 1 Chemical
 - Details of Production / Processing / Consumption / Storage of Schedule 1 Chemical in Facility
 - Details of the Schedule 1 Chemical / Product, Precursors of Schedule 1 Chemical and the Production Methods
 - Details of Import / Export / Local Transfer of Schedule 1 Chemical
 - MSDS or other necessary documents for the Schedule 1 Chemical

| FORMS | PURPOSE |
|-----------|---|
| Form D1 | Declaration Details of Schedule 1 Facility |
| Form D1.1 | Declaration of Chemical Activities at Schedule 1 Facility |
| Form D1.2 | Declaration on Schedule 1, 2 and 3 Precursor Chemicals Used to Produce a Schedule 1 Chemical at Declared Facility |
| Form D1.3 | Declaration Details of Local Transfer of Schedule 1 Chemical |
| Form D1.4 | Declaration Details of Import and Export of Schedule 1 Chemical |



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SCHEDULE 1 CHEMICAL DECLARATION

FORM D1: DETAILS OF SCHEDULE 1 FACILITY

Please provide the following information on the Plant Site and Plants involved in the production of any Schedule 1 Chemical.

(1) Name of Facility:

(2) Name of Operator of the Facility:

(3) Please provide the location of Facility:

Street Address: _____

Building Number : _____
(if any) _____

(4) Please indicate the category which best describes the above facility (please indicate where applicable):

- Single small-scale facility (SSSF)¹
 Other facility for protective purposes
 Other facility for research, medical or pharmaceutical purposes

¹NOTE: SSSF refers to Single Small Scale Facility where the production shall be carried out in reaction vessels in production lines not configured for continuous operation. The volume of such a reaction vessel shall not exceed 100 litres, and the total volume of all reaction vessels with a volume exceeding 5 litres shall not be more than 500.

(5) Is there any additional information on this facility to be submitted on a voluntary basis as attachments?

- No Yes, this is attached as Annex (_____ pages, excluding this cover)

(6) Has the facility transferred any Schedule 1 chemical?

- No
 Yes, Number of Schedule 1 chemicals transferred: _____

(7) Total number of Schedule 1 Chemicals produced in facility:

(8) Is there any declared Schedule 2 Plants at this facility?

- No Yes

(9) Declarant's Signature:

(10) Date (dd/mm/yyyy)

(11) Company Stamp



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SCHEDULE 1 CHEMICAL DECLARATION

FORM D1.1: DECLARATION OF SCHEDULE 1 CHEMICAL ACTIVITIES AT FACILITY

Submit this form for each Schedule 1 chemical produced, processed, consumed by and / or stored at a declared Schedule 1 Facility.

Please duplicate form as required.

| | |
|--|--|
| (1) Name of Chemical: | (2) Common Trade Name (Please indicate as "N.A." if not available): |
| (3) Percentage Purity: | (4) CAS Registry No.: |
| (5) Chemical Structure: | |
| (6) Please indicate the relevant activities by ticking the relevant boxes: | |
| <input type="checkbox"/> Production | |
| Quantity Produced: | Purpose of Production (Please indicate where applicable): |
| | <input type="checkbox"/> Research <input type="checkbox"/> Pharmaceutical |
| | <input type="checkbox"/> Medical <input type="checkbox"/> Waste Disposal |
| | <input type="checkbox"/> Protective <input type="checkbox"/> Production of Other Schedule 1 Chemical |
| µg / g | Please complete the next page if Schedule 1,2 or 3 chemical is used in the production of this chemical |
| <input type="checkbox"/> Processing | |
| Quantity Processed: | Purpose of Processing (Please indicate where applicable): |
| | <input type="checkbox"/> Research <input type="checkbox"/> Pharmaceutical |
| | <input type="checkbox"/> Medical <input type="checkbox"/> Waste Disposal |
| | <input type="checkbox"/> Protective <input type="checkbox"/> Production of Other Schedule 1 Chemical |
| µg / g | |
| <input type="checkbox"/> Consumption | |
| Quantity Consumed: | Purpose of Consumption (Please indicate where applicable): |
| | <input type="checkbox"/> Research <input type="checkbox"/> Pharmaceutical |
| | <input type="checkbox"/> Medical <input type="checkbox"/> Waste Disposal |
| | <input type="checkbox"/> Protective <input type="checkbox"/> Production of Other Schedule 1 Chemical |
| µg / g | |
| <input type="checkbox"/> Storage | |
| Maximum Quantity Stored at any time of previous year: | Quantity of this chemical stored at the end of previous year: |
| µg / g | µg / g |

(7) Details of Company where Schedule 1 Chemical was stored at:
 Company Name: _____ Address: _____
 Contact Person: _____ Tel: _____ Fax: _____

| | | |
|----------------------------|-----------------------|--------------------|
| (8) Declarant's Signature: | (9) Date (dd/mm/yyyy) | (10) Company Stamp |
|----------------------------|-----------------------|--------------------|



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SCHEDULE 1 CHEMICAL DECLARATION

FORM D1.2: DECLARATION ON SCHEDULE 1, 2 and 3 PRECURSOR CHEMICALS USED TO PRODUCE A SCHEDULE 1 CHEMICAL AT DECLARED FACILITY

Submit this form for each Schedule 1 chemical produced in the declared Schedule 1 Facility using 1 or more precursor chemicals listed on Schedules 1, 2 or 3.

Please duplicate form as required.

| | |
|--|---|
| (1) Name of Chemical: | (2) Common Trade Name (Please indicate as "N.A." if not available): |
| (3) Percentage Purity: | (4) CAS Registry No.: |
| (5) Please describe methods employed for production of this Schedule 1 chemical: | |

SCHEDULE 1 / 2 / 3 PRECURSORS USED FOR PRODUCTION

| No | Chemical Name of Precursor | Schedule | CAS Registry No. | Quantity |
|----|----------------------------|----------|------------------|----------|
| | | | | µg / g |
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| | | | | µg / g |

(6) Declarant's Signature:

(7) Date (dd/mm/yyyy)

(8) Company Stamp



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SCHEDULE 1 CHEMICAL DECLARATION

FORM D1.3: DECLARATION ON LOCAL TRANSFER OF SCHEDULE 1 CHEMICAL

Submit this form for each Schedule 1 chemical locally transferred from a declared Schedule 1 Facility.
Please duplicate form as required.

| | |
|------------------------|---|
| (1) Name of Chemical: | (2) Common Trade Name (Please indicate as "N.A." if not available): |
| (3) Percentage Purity: | (4) CAS Registry No.: |

| |
|-------------------------|
| (5) Chemical Structure: |
|-------------------------|

LOCAL TRANSFER

| | |
|---|--|
| (6) Amount transferred / distributed: µg / g | (7) Purpose of Local Transfer/ Distribution: (Please indicate where applicable) <input type="checkbox"/> Research <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Medical <input type="checkbox"/> Waste Disposal <input type="checkbox"/> Protective <input type="checkbox"/> Production of Other Schedule 1 Chemical |
|---|--|

| |
|---|
| (8) Details of Company where Schedule 1 Chemical was transferred / distributed to: Company Name: _____ Address: _____ Contact Person: _____ Tel: _____ Fax: _____ |
|---|

| | |
|---|---|
| (9) Amount transferred / distributed: µg / g | (10) Purpose of Local Transfer/ Distribution: (Please indicate where applicable) <input type="checkbox"/> Research <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Medical <input type="checkbox"/> Waste Disposal <input type="checkbox"/> Protective <input type="checkbox"/> Production of Other Schedule 1 Chemical |
|---|---|

| |
|--|
| (11) Details of Company where Schedule 1 Chemical was transferred / distributed to: Company Name: _____ Address: _____ Contact Person: _____ Tel: _____ Fax: _____ |
|--|

| | |
|--|--|
| (12) Amount transferred / distributed: µg / g | (13) Purpose of Local Transfer / Distribution: (Please indicate where applicable) <input type="checkbox"/> Research <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Medical <input type="checkbox"/> Waste Disposal <input type="checkbox"/> Protective <input type="checkbox"/> Production of Other Schedule 1 Chemical |
|--|--|

| |
|--|
| (14) Details of Company where Schedule 1 Chemical was transferred / distributed to: Company Name: _____ Address: _____ Contact Person: _____ Tel: _____ Fax: _____ |
|--|

| | | |
|-----------------------------|------------------------|--------------------|
| (15) Declarant's Signature: | (16) Date (dd/mm/yyyy) | (17) Company Stamp |
|-----------------------------|------------------------|--------------------|



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SCHEDULE 1 CHEMICAL DECLARATION

FORM D1.4: DECLARATION ON IMPORT AND EXPORT OF SCHEDULE 1 CHEMICAL

Submit this form for each Schedule 1 chemical imported to and/or exported out of a declared Schedule 1 Facility.

| | |
|-------------------------|---|
| (1) Name of Chemical: | (2) Common Trade Name (Please indicate as "N.A." if not available): |
| (3) Percentage Purity: | (4) CAS Registry No.: |
| (5) Chemical Structure: | |

(6) Please indicate the relevant activities by ticking the relevant boxes:

IMPORT (COUNTRY THAT THE SCHEDULED CHEMICAL WAS DISPATCHED FROM, REGARDLESS OF ITS COUNTRY OF ORIGIN)

(You may wish to provide list on separate attachment, if fields are insufficient.)

| Import Permit Number | Country | Month of import | Quantity (Please indicate units) |
|----------------------|---------|-----------------|----------------------------------|
| | | | |
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EXPORT (COUNTRY OF DESTINATION FOR THE SCHEDULED CHEMICAL)

(You may wish to provide list on separate attachment, if fields are insufficient.)

| Export Permit Number | Country | Month of Export | Quantity (Please indicate units) |
|----------------------|---------|-----------------|----------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |

(7) Declarant's Signature:

(8) Date (dd/mm/yyyy)

(9) Company Stamp