NA(CWC) LICENCE AMENDMENT APPLICATION
FORM B.1: ADDITION OF NEW CHEMICAL AND / OR ADDITION OF ACTIVITY FOR SCHEDULE 1 CHEMICAL

GENERAL INSTRUCTIONS

- All relevant forms for this application must be submitted together with the NA(CWC) Licence Application Cover Form.
- All sections must be completed. Where not applicable, please specify “N.A.”. Any incomplete or illegible application will not be accepted.
- All forms must be duly endorsed with the signature of one of the licence applicants and date.
- A chemical at different concentration / purity should be submitted on separate forms.
- Please duplicate the form as required.
- This form may take you 10 minutes to fill in. You will need the following information to fill in the form:
  - Details of the Schedule 1 Chemical
  - Details of Product containing the Schedule 1 Chemical
  - MSDS or other necessary documents for the Schedule 1 Chemical

<table>
<thead>
<tr>
<th>FORMS</th>
<th>PURPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form B.1</td>
<td>Addition of new chemical and / or addition of new activity for Schedule 1 Chemical</td>
</tr>
</tbody>
</table>
FORM B.1: ADDITION OF NEW CHEMICAL AND / OR ACTIVITY FOR SCHEDULE 1 CHEMICAL

(1) Type of Amendment: (Please indicate only one box)
(a) Addition of Chemical  (b) Addition of Activity for Licensed Chemical

Details of Schedule 1 Chemical

<table>
<thead>
<tr>
<th>Details of Product containing Schedule 1 Chemical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Chemical:</td>
</tr>
</tbody>
</table>

| CAS Registry No.: | Percentage Purity (%): |

| Chemical Structure: |

(7) Has the MSDS and other necessary documents of this chemical been submitted with this application?
(a) Yes, the MSDS and other necessary documents are submitted.
   Please specify any other documents that are submitted: _____

(b) No, reference to previous submission is provided.
   Reference to previous submission must be within the past 3 years.
   Please specify the year of submission: _____

(8) Applicant’s Signature:  (9) Date (dd/mm/yyyy)

Please duplicate form as required.
**FORM B.1: ADDITION OF NEW CHEMICAL AND/OR ACTIVITY FOR SCHEDULE 1 CHEMICAL (CONT’D)**

(10) Please indicate the required activities for this application and provide the details accordingly:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Anticipated Quantity: µg</th>
<th>Specific purpose</th>
<th>Briefly describe procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Production</td>
<td>..................................................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Processing</td>
<td>..................................................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consumption</td>
<td>..............................................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Storage</td>
<td>..................................................</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity</th>
<th>Specific eventual purpose of this chemical, indicating how it would be used:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Storage</td>
<td>Is this chemical from a previous stock?</td>
</tr>
<tr>
<td></td>
<td>- No</td>
</tr>
<tr>
<td></td>
<td>- Yes,</td>
</tr>
<tr>
<td></td>
<td>Please specify the year that this stock was acquired: ____</td>
</tr>
</tbody>
</table>

(11) Applicant’s Signature: ..................................................  (12) Date (dd/mm/yyyy)

Please duplicate form as required.
FORM B.1: ADDITION OF NEW CHEMICAL AND / OR ACTIVITY FOR SCHEDULE 1 CHEMICAL (CONT'D)

☐ Import
Anticipated Quantity: µg
Please provide the probable countries where the chemical is to be imported from:

☐ Export
Anticipated Quantity: µg
Please provide the probable countries where the chemical is to be exported to:

☐ Local Transfer / Distribution
Anticipated Quantity: µg
For any intended local sale / purchase / transfer / distribution, please provide the particulars of companies involved below:

1
Name of local company: ____________________________
Contact Person: ____________________________
Contact No.: ____________________________
Company Address: ____________________________

2
Name of local company: ____________________________
Contact Person: ____________________________
Contact No.: ____________________________
Company Address: ____________________________

(13) Overall purpose for use of Schedule 1 chemical:
(a) ☐ For in-house usage or application
   If so, please indicate purpose of in-house usage:
   (i) ☐ Research  (ii) ☐ Medical  (iii) ☐ Pharmaceutical
   (iv) ☐ Protective  (v) ☐ Production of Schedule 1 Chemical
(b) ☐ For further local distribution / sales
(c) ☐ For further overseas distribution / sales
(d) ☐ Others
   Please specify: ______

(14) Applicant’s Signature: ____________________________
(15) Date (dd/mm/yyyy): ____________________________

Please duplicate form as required.