



Singapore Customs,  
55 Newton Road #07-02,  
Revenue House  
Singapore 307987  
Tel No. : 6775 5137  
Fax No. : 6775 5946  
Email: customs\_nacwc@customs.gov.sg

**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, date and company stamp.
- ◆ 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

<b>FORMS</b>	<b>PURPOSE</b>
Form B.1	Addition of new chemical and / or addition of new activity for Schedule 1 Chemical

**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

Details of Product containing Schedule 1 Chemical

(2) Name of Chemical:

(3) Common Trade Name:

(4) CAS Registry No.:

(5) Percentage Purity (%):

(6) 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)

(10) Company Stamp

Please duplicate form as required

**FORM B.1: ADDITION OF NEW CHEMICAL AND/OR ACTIVITY FOR SCHEDULE 1 CHEMICAL (CONT'D)**

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

 **Production**Anticipated Quantity:  
μg

Specific purpose of production, indicating any final product formed:

Briefly describe the reaction procedure, indicating the type of reaction taking place or principle employed for the procedure:

 **Processing**Anticipated Quantity:  
μg

Specific purpose of process, indicating any final product formed and its purity:

Briefly describe the procedure and the principle employed for the procedure:

 **Consumption**Anticipated Quantity:  
μg

Specific purpose of consumption, indicating any final product formed:

Briefly describe the reaction procedure, indicating the type of reaction taking place or principles employed for the procedure:

 **Storage**Anticipated Quantity:  
μg

Specific eventual purpose of this chemical, indicating how it would be used:

Is this chemical from a previous stock?

 No Yes,

Please specify the year that this stock was acquired: \_\_\_\_\_

Applicant's Signature:

Date (dd/mm/yyyy)

Company Stamp

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:

<b>1</b>	Name of local company: _____
	Contact Person: _____
	Contact No.: _____ Fax No.: _____
	Company Address: _____ _____
<b>2</b>	Name of local company: _____
	Contact Person: _____
	Contact No.: _____ Fax No.: _____
	Company Address: _____ _____

(12) 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: \_\_\_\_\_

(13) Applicant's Signature: \_\_\_\_\_

(14) Date (dd/mm/yyyy) \_\_\_\_\_

(15) Company Stamp \_\_\_\_\_

Please duplicate form as required