



Singapore Customs,
55 Newton Road #06-02,
Revenue House
Singapore 307987
Tel No.: 6775 5137
Email: customs_nacwc@customs.gov.sg

ADVANCED NOTIFICATION ON TRANSFER OF SCHEDULE 1 CHEMICAL(S) (T-1A)

This set of forms may take you 10 minutes to complete. You will need the following information to fill in the forms:

- Details of Schedule 1 Chemical
- Details of Supplying Company
- Details of Receiving Company

T-1A TO BE SUBMITTED AT LEAST 45 DAYS PRIOR TO EACH TRANSFER

SECTION A DETAILS OF SCHEDULE 1 CHEMICAL

(1) Name of Chemical:	(2) CAS Registry No:	(3) Percentage Purity (%):
(4) Please indicate Type of Transfer: (a) <input type="checkbox"/> Import (b) <input type="checkbox"/> Export (c) <input type="checkbox"/> Local Transfer	(5) Quantity Involved:	(6) Planned Date of Transfer (dd/mm/yyyy):
(7) Purpose of Transfer: (a) <input type="checkbox"/> Research (b) <input type="checkbox"/> Protective (c) <input type="checkbox"/> Waste Disposal (d) <input type="checkbox"/> Medical (e) <input type="checkbox"/> Pharmaceutical (f) <input type="checkbox"/> Production of Schedule 1 Chemical		

SECTION B DETAILS OF SUPPLYING COMPANY

(8) Country/Region:
(9) Name of Company:
(10) Company Street Address:
(11) Contact Person:
(12) Tel No:

SECTION C DETAILS OF RECEIVING COMPANY

(13) Country/Region:
(14) Name of Company:
(15) Company Street Address:
(16) Contact Person:
(17) Tel No:

SECTION D DETAILS OF DECLARANT

(18) Name of Company:	(19) Company Address:
(20) Name of Declarant:	(21) NRIC / Passport No.:
(22) Designation:	(23) Tel No:

SECTION E DECLARATION

I, _____ of _____ declare that the information given above
(Name of Declarant) (NRIC/Passport No.)
is true and correct.

SECTION F FOR OFFICIAL USE

Date received (dd/mm/yyyy): _____ Processed by: _____



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ADVANCED NOTIFICATION ON TRANSFER OF SCHEDULE 1 CHEMICAL(S) (T-1B)

This set of forms may take you 10 minutes to complete. You will need the following information to fill in the forms:

- Details of Schedule 1 Chemical
- Details of Supplying Company
- Details of Receiving Company

T-1B TO BE SUBMITTED AFTER EACH TRANSFER

SECTION A DETAILS OF SCHEDULE 1 CHEMICAL

(1) Name of Chemical:	(2) CAS Registry No:	(3) Percentage Purity (%):
(4) Please indicate Type of Transfer: (a) <input type="checkbox"/> Import (b) <input type="checkbox"/> Export (c) <input type="checkbox"/> Local Transfer	(5) Quantity Involved:	(6) <u>Actual</u> Date of Transfer (dd/mm/yyyy):
(7) Purpose of Transfer: (a) <input type="checkbox"/> Research (b) <input type="checkbox"/> Protective (c) <input type="checkbox"/> Waste Disposal (d) <input type="checkbox"/> Medical (e) <input type="checkbox"/> Pharmaceutical (f) <input type="checkbox"/> Production of Schedule 1 Chemical		

SECTION B DETAILS OF SUPPLYING COMPANY

(8) Country/Region:

(9) Name of Company:

(10) Company Street Address:

SECTION C DETAILS OF RECEIVING COMPANY

(11) Country/Region:

(12) Name of Company:

(13) Company Street Address:

SECTION D DETAILS OF DECLARANT

(14) Name of Company:

(15) Company Address:

(16) Name of Declarant:

(17) NRIC / Passport No.:

(18) Designation:

(19) Tel No:

SECTION E DECLARATION

I, _____ of _____ declare that the information given above
(Name of Declarant) (NRIC/Passport No.)
is true and correct.

SECTION F FOR OFFICIAL USE

Date received (dd/mm/yyyy): _____

Processed by: _____