



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

TEMPLATE D1: ANNUAL DECLARATIONS FOR PAST ACTIVITIES INVOLVING SCHEDULE 1 CHEMICAL

GENERAL INSTRUCTIONS

- ◆ All relevant templates 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 templates.
- ◆ Please duplicate the template as required.
- ◆ This template may take you 15 minutes to fill in. You will need the following information to fill in the template:
 - 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

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



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SCHEDULE 1 CHEMICAL DECLARATION

TEMPLATE 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)



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SCHEDULE 1 CHEMICAL DECLARATION

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

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

Please duplicate template 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:

Production

Quantity Produced: _____

Purpose of Production (Please indicate where applicable):

- Research Pharmaceutical
 Medical Waste Disposal
 Protective Production of Other Schedule 1 Chemical

$\mu\text{g} / \text{g}$ Please complete the next page if Schedule 1,2 or 3 chemical is used in the production of this chemical

Processing

Quantity Processed: _____

Purpose of Processing (Please indicate where applicable):

- Research Pharmaceutical
 Medical Waste Disposal
 Protective Production of Other Schedule 1 Chemical

$\mu\text{g} / \text{g}$

Consumption

Quantity Consumed: _____

Purpose of Consumption (Please indicate where applicable):

- Research Pharmaceutical
 Medical Waste Disposal
 Protective Production of Other Schedule 1 Chemical

$\mu\text{g} / \text{g}$

Storage

Maximum Quantity Stored at any time of previous year: _____

Quantity of this chemical stored at the end of previous year: _____

$\mu\text{g} / \text{g}$

$\mu\text{g} / \text{g}$

(7) Details of Company where Schedule 1 Chemical was stored at:

Company Name: _____ Address: _____

Contact Person: _____ Tel: _____

(8) Declarant's Signature: _____

(9) Date (dd/mm/yyyy) _____



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SCHEDULE 1 CHEMICAL DECLARATION

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

Submit this template 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 template 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
				µg / g
				µg / g
				µg / g
				µg / g
				µg / g
				µg / g
				µg / g
				µg / g
				µg / g
				µg / g
				µg / g
				µg / g
				µg / g
				µg / g

(6) Declarant's Signature:

(7) Date (dd/mm/yyyy)



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SCHEDULE 1 CHEMICAL DECLARATION

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

Submit this template for each Schedule 1 chemical locally transferred from a declared Schedule 1 Facility.
Please duplicate template 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: _____ (7) Purpose of Local Transfer/ Distribution: (Please indicate where applicable)
 Research Pharmaceutical
 Medical Waste Disposal
 Protective Production of Other Schedule 1 Chemical
μg / g

(8) Details of Company where Schedule 1 Chemical was transferred / distributed to:

Company Name: _____ Address: _____
Contact Person: _____ Tel: _____

(9) Amount transferred / distributed: _____ (10) Purpose of Local Transfer/ Distribution: (Please indicate where applicable)
 Research Pharmaceutical
 Medical Waste Disposal
 Protective Production of Other Schedule 1 Chemical
μg / g

(11) Details of Company where Schedule 1 Chemical was transferred / distributed to:

Company Name: _____ Address: _____
Contact Person: _____ Tel: _____

(12) Amount transferred / distributed: _____ (13) Purpose of Local Transfer / Distribution: (Please indicate where applicable)
 Research Pharmaceutical
 Medical Waste Disposal
 Protective Production of Other Schedule 1 Chemical
μg / g

(14) Details of Company where Schedule 1 Chemical was transferred / distributed to:

Company Name: _____ Address: _____
Contact Person: _____ Tel: _____

(15) Declarant's Signature: _____

(16) Date (dd/mm/yyyy) _____



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SCHEDULE 1 CHEMICAL DECLARATION

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

Submit this template 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/REGION THAT THE SCHEDULED CHEMICAL WAS DISPATCHED FROM, REGARDLESS OF ITS COUNTRY/REGION OF ORIGIN)
(You may wish to provide list on separate attachment, if fields are insufficient.)

Import Permit Number	Country/Region	Month of import	Quantity (Please indicate units)

EXPORT (COUNTRY/REGION OF DESTINATION FOR THE SCHEDULED CHEMICAL)
(You may wish to provide list on separate attachment, if fields are insufficient.)

Export Permit Number	Country/Region	Month of Export	Quantity (Please indicate units)

(7) Declarant's Signature: _____ (8) Date (dd/mm/yyyy) _____