



National Ozone Unit

Application for Ozone Depleting Substances Import License

(The Ozone Depleting Substances Regulation, 2003)

For Office Use Only

Date Received	
Received By:	
Quota	
Ref. Number:	
Amount Paid	

NB: This Form Should Be Submitted With an Application Fee of E500.00

1. Details of the Applicant

1.1 Is the applicant an individual or a Company

Individual go to 1.2

Company go to 1.3

Individuals

1.2 Please Give the Following Details

Name in full
Business address
Contact Deatails: Tel: () Fax: ()
E-mail:

Companies

1.3 Please Give the Following Details

Please provide written evidence of registration

Registered Company

Other (please specify)

Full Name of Company

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Trading / Business Name (if different)

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Registered Office Postal Address

E-mail

Office Physical Address

1.4 Authorized Contact

Please provide details of the approved person to contact concerning the application

2.0 Information on Controlled Substance(s) / Product(s) to be Imported / Stored

Trade Name of Substance(s)	Scientific Name	Quantity to be imported / stored in Kgs
1.		

2.		
3.		
4.		

Customs Tariff Number	Purpose / Use of Substance(s) / Product(s)

2.1 Requests for Confidentiality of Information

Yes

No

2.2 Entry Point (Border Gate)

2.3 Mode of Transport

2.4 Condition of Imported / Stored Substance(s) / Product(s).

New / Virgin

Already Used

Recycled / Reclaimed

3.0 Information on the Supplier (s) of the Imported Substance(s) / Product(s)

Full Name of Supplier
Full Address of Supplier
Country from which Substance(s) / Product(s) is Consigned

Full Name of Supplier
Full Address of Supplier
Country from which Substance(s) / Product(s) is Consigned

Full Name of Supplier

Full Address of Supplier
Country from which Substance(s) / Product(s) is Consigned

4.0 Please Attach Consumption Data for the Previous Year (i.e. Amount of ODS Consumed in Metric Tones) in the Form Provided (to be Filled by those who had not Done So)

5.0 Declaration

I declare that the information stated in this application is correct. I undertake to observe the conditions under which this license is issued.

Date

Signature

Stamp