**Form 1**

**APPLICATION FORM FOR REGISTRATION AS IMPORTER, EXPORTER OR SELLER OF NON OZONE DEPLETING SUBSTANCES (ODS)**

**Name of Applicant: ……………………………………..**

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| --- | --- |
| **Licensed Importer (Name & Address):****Address:…………………………………****…………………………………………….****Tel: ………………………………..............****Email: ……………………………………..** | **Validity of Permit (OFFICIAL USE)****From: ………………..****To: ………………………..**  |

**Applicant’s Name:………………………........................... hereby applies for an allowance to import**

 **the following rrefrigerant gas……………………………………………………………..…………….**

**from**

**(Supplier Name): ……………………..………………………………………………………………….**

**Exporting Country:………………………………………….**

**List of controlled substances & products to be imported, exported or sold:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Controlled Substances** | **Requested Quantities** | **Size of Cylinders (kg)** | **% of Env Levy** | **VAT** | **Total (kg)** | **Intended use** |
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**Expected Date of Arrival: ……………………………..**

**Port of Entry: …………………………………………..**

**Carrier’s Name:…………………………………**

**Confirmed by Verification Officer:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Controlled Substances** | **Requested Quantities(size & Number of Cylinders)** | **Cas Number**  | **UN Number** | **Ari Colour** |
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**Approval is subject to the following conditions:**

* **Imports shall only be from the countries that are party to the Montreal Protocol.**
* **Imported cylinders shall be labelled with the UN & CAS Number.**

 **Additional information to be attached to this application:**

* **License Number of the Applicant issued by the Seychelles Licensing Authority.**
* **Copies of any certificates of the Refrigerant Technician(s) dealing with controlled substances and products of the applicant.**

**Please note:**

**It is an offence to import, export, sell, purchase & use prescribed substances i.e. CFCs, HCFCs or compound of CFC, HCFC, halon Methyl Bromide, Tetrachloride, and Methyl chloroform.**

**QUOTA BE APPLICABLE AS OF 1 JANUARY 2025**

**Official Stamp of Ozone Unit**

**Approved for Importation by:**

**Name: …………………………..**

**Senior Ozone Officer**

**Date: ………………..**

**Signature: ……………….**