FORM 1

APPLICATION FOR REGISTRATION AS IMPORTER OFNON/ OZONE DEPLETING SUBSTANCES (ODS)

To be filled in by the importer in two copies (one will be returned to the applicant with a decision)

Name of the Applicant: Enterprise identification no:	
Person authorized to act on behalf of the enterprise (name/title)	
	Fax No:
Email address:	
hereby applies for registration as importer of the following types of Ozone depleting substances	
CFCs	type of CFC
Halons:	type of Halon:
Carbon tetrachloride	
1,1,1 –Trichloroethane:	
HCFCs	type of HCFC:
HFCs	type of HFC:

Information on previously imported quantities of these chemicals

Customs declaration and other requested information are attached as supporting evidence

Hereby certify that the information given in this application and its annexes is accurate. Evidence of my right to act on behalf of the enterprise is attached'

Place and date:
Name in block letters:
Title:
Signature of person authorized to act on behalf of enterprise