

Precursor Control Authority

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Rajagiriya

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Application for renewal of the registration as a Dealer under the Precursor Control Authority

**PART I
DETAILS OF THE APPLICANT**

Name of the Applicant : _____

Address of the Applicant : _____

Business Reg. No : _____

NIC No : _____

Tele : _____

Fax : _____

E-mail : _____

Part 2

DETAILS OF THE PRECURSOR CHEMICALS

PLEASE INDICATE THE PRECURSOR CHEMICALS WHICH ARE TO BE DEALT NEXT YEAR

Table 1	
1. Acetic Anhydride HS Code : 2915.24 CAS No. 108-24-7	
2. N-Acetylanthranilic acid HS Code : 2924.23 CAS No. 89-52-1	
3. Ephedrine HS Code : 2939.41 CAS No. 299-42-3	
4. Ergometrine HS Code : 2939.61 CAS No. 60-79-7	
5. Ergotamine HS Code : 2939.62 CAS No. 113-15-5	
6. . Isosafrole HS Code : 2932.91 CAS No. 120-58-1	
7. Lysergic acid HS Code : 2939.63 CAS No. 82-58-6	
8.3,4-Methylenedioxyphenyl-2- propanone HS Code : 2932.92 CAS No. 4676-39-5	
9. Norephedrine HS Code : 2939.44 CAS No. 14838-15-4	
10. 1 Pheny 1-2-propanone HS Code : 2914.31 CAS No. 103-79-7	
11. Piperonal HS Code : 2932.93 CAS No. 120-57-0	
12. Potassium permanganate HS Code : 2841.61 CAS No. 7722-64-7	
13. Pseudoephedrine HS Code : 2939.42 CAS No. 90-82-4	
14. Safrole HS Code : 2932.94 CAS No. 94-59-7	



Table 11	
1. Acetone HS Code : 2914.11 CAS No : 67-64-1	
2. Anthranilic acid HS Code : 2922.43 CAS No : 118-92-3	
3. Ethyl ether HS Code : 2909.11 CAS No : 60-29-7	
4. Hydrochloric acid HS Code : 2806.10 CAS No : 7647-01-0	
5. Methyl ethyl ketone HS Code : 2914.12 CAS No : 78-93.3	
6. Phenylacetic acid HS Code : 2916.34 CAS No. : 103-82-2	
7. Piperidine HS Code : 2933.32 CAS No : 110-89.4	
8. Sulphuric acid HS Code : 2807.00 CAS No: 7664-93-9	
9. Toluene HS Code : 2902.30 CAS No : 108-88-3	

Please provide details requested below relevant to the precursor chemicals which are to be dealt next year

<i>Name of the chemical</i>	<i>Trade Name</i>	<i>From whom to be purchased (Name & address)</i>	<i>To whom to be sold (Name & address)</i>	<i>for which activity</i>	<i>The quantity dealt</i>

I hereby declare that all the information furnished in this application are true and correct.

.....
Signature of the applicant



.....
Company Stamp

Please attach here the photocopies of the receipts, invoices and bills pertaining to the transactions done in the last three months.

For officials use only

Date received -

Checked by -

Approved by -