(Regulation 23)

Form 6

Precursor Control Authority
No.383, Kotte Road,
Rajagiriya

Tel **011 2868794**
Fax **011 2868791**
E-mail mail@nddcb.gov.lk

Application for registration as a Dealer under the Precursor Control Authority

Part 1
Details of the applicant

Name of the applicant **:** _____

_____

Address of the applicant **:** _____

_____

_____

NIC No **:** _____

Business Reg. No./ N(Pvc) 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-Acetylanthranillic acid HS Code : 292423 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-Methylenediosyphenyl 1-2 propanone HS Code : 2932.92 CAS No. 4676-39-5	
9. Norephedrine HS Code : 2939.49 CAS No. 154-41-6	
10.1-Pheny1-2-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 : 2941.61 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 II	
1. Acetone HS Code : 2914.11 CAS No : 67-64-1	
2. Anthranillic acid HS Code : 2922.43 CAS No : 118-92-3	
3. Ethyl ether HS Code : 2909.11 CAS No : 60-29-7	
4. Hydrocholic 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. Sulphiric acid1 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 for next year.

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

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

…… …….. ……

signature of applicant Date Company Stamp

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

For official use only

Date received -

Checked by -

Approved by -