

Form 7

Precursor Control Authority

No.383, Kotte Road,

Rajagiriya

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Application for amendment to the 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 need to be included in the amendment

Table 1	
1. Acetic Anhydride HS Code : 2915.24 CAS No. 108-24-7	
2. N-Acetylanthranilic 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. Anthranilic 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 need to be included in the amendment

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 of dealt

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

.....
signature of applicant

.....
Date

.....
Company Stamp

Please attach here 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 -