

Form 1



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

Name of Applicant: .....

<b>Licensed Importer (Name &amp; Address):</b>  Address:..... ..... Tel: ..... Email: .....	<b>Validity of Permit (OFFICIAL USE)</b>  From: .....  To: .....
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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	% of Env Levy	VAT	Total	Intended use


**Expected Date of Arrival:** .....

**Port of Entry:** .....

**Carrier's Name:**.....

**Confirmed by Verification Officer:**

<b>Controlled Substances</b>	<b>Requested Quantities(size &amp; Number of Cylinders)</b>	<b>Cas Number</b>	<b>UN Number</b>	<b>Ari Colour</b>

**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: .....**