



Application for Issue Recommendations to Import HCFCs.

IMPORTANT: Please submit separate application for each substance.

Application Number:

A. Importer Identification Number:

B. Tax Identification Number (TIN):

C. Details of Importer:

- Name of the Importer:

- Address:

- Name of the Contact Person:

- Designation of the Contact Person:

- Contact Details:

(Tel.)..... (Fax.)..... (E-mail)

- Quantity of total quota approved for the year ODP Tonnes

D. Details of Consignment

Type of Substances*	Quantity (Kg)	Virgin/Recycled	HS Code

- Country of Manufacturing:

- Name of the Manufacturer:

- Address of the Manufacturer:

- Contact Details of the Manufacturer:

(Tel.)..... (Fax.)..... (E-mail)

- Country of Import:

- The Port of Shipping:

- Possible date of Shipping:

- Country of Transit (if applicable):
- Value of the Consignment:
 FOB-US\$: CNF-US\$: CIF-US\$:
- Performa Invoice/Quotation Number (Please attach a Copy):
- Expected Date Clearance:
- Details of the last two Imports during the year 2015:

Details	Imports 01	Imports 02
Date of Recommended by NOU		
ICL No		
Customs Entry No		
Quantity		
Country of Origin		
CIF Value		
Date of Clearance		

- Purposes of substances to be Imported (Mark what is applicable):

Sell to other retailed Dealers	
Use for system repairs in their own workshops	
Sell for other repair workshops	
Sell for Manufactures	
Other (Please specify the reason)	

I certify that the information mentioned above are correct and if the importation is not comply with the conditions agreed we are fully aware that we will not eligible for any quota in the future.

Date:

.....
 Signature of the Importer

* Please specify the Name of substance (Refrigerant/ Blowing Agent/Solvent/Blend or etc)