



Singapore Customs,  
55 Newton Road #06-02,  
Revenue House  
Singapore 307987  
Tel No. : 6775 5137  
Email: customs\_nacwc@customs.gov.sg

## TEMPLATE D1: ANNUAL DECLARATIONS FOR PAST ACTIVITIES INVOLVING SCHEDULE 1 CHEMICAL

### GENERAL INSTRUCTIONS

- ◆ All relevant templates for this application must be submitted together with the NA(CWC) Declaration Cover Certification Form.
- ◆ All sections must be completed. Where not applicable, please specify "N.A.". Any incomplete or illegible application will not be accepted.
- ◆ A chemical of a different concentration / purity should be submitted in separate templates.
- ◆ Please duplicate the template as required.
- ◆ This template may take you 15 minutes to fill in. You will need the following information to fill in the template:
  - Details of Facility Producing / Processing / Consuming / Storing Schedule 1 Chemical
  - Details of Production / Processing / Consumption / Storage of Schedule 1 Chemical in Facility
  - Details of the Schedule 1 Chemical / Product, Precursors of Schedule 1 Chemical and the Production Methods
  - Details of Import / Export / Local Transfer of Schedule 1 Chemical
  - MSDS or other necessary documents for the Schedule 1 Chemical

TEMPLATES	PURPOSE
Template D1	Declaration Details of Schedule 1 Facility
Template D1.1	Declaration of Chemical Activities at Schedule 1 Facility
Template D1.2	Declaration on Schedule 1, 2 and 3 Precursor Chemicals Used to Produce a Schedule 1 Chemical at Declared Facility
Template D1.3	Declaration Details of Local Transfer of Schedule 1 Chemical
Template D1.4	Declaration Details of Import and Export of Schedule 1 Chemical



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## SCHEDULE 1 CHEMICAL DECLARATION

### TEMPLATE D1: DETAILS OF SCHEDULE 1 FACILITY

Please provide the following information on the Plant Site and Plants involved in the production of any Schedule 1 Chemical.

(1) Name of Facility:

(2) Name of Operator of the Facility:

(3) Please provide the location of Facility:

Street Address:

Building Number:  
(if any)

(4) Please indicate the category which best describes the above facility (please indicate where applicable):

- ☐ Single small-scale facility (SSSF)<sup>1</sup>  
☐ Other facility for protective purposes  
☐ Other facility for research, medical or pharmaceutical purposes

(<sup>1</sup>NOTE: SSSF refers to Single Small Scale Facility where the production shall be carried out in reaction vessels in production lines not configured for continuous operation. The volume of such a reaction vessel shall not exceed 100 litres, and the total volume of all reaction vessels with a volume exceeding 5 litres shall not be more than 500.

(5) Is there any additional information on this facility to be submitted on a voluntary basis as attachments?

☐ No ☐ Yes, this is attached as Annex ( pages, excluding this cover)

(6) Has the facility transferred any Schedule 1 chemical?

- ☐ No  
☐ Yes, Number of Schedule 1 chemicals transferred: \_\_\_\_\_

(7) Total number of Schedule 1 Chemicals produced in facility:

(8) Is there any declared Schedule 2 Plants at this facility?

☐ No ☐ Yes

(9) Declarant's Signature:

(10) Date (dd/mm/yyyy)



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## SCHEDULE 1 CHEMICAL DECLARATION

### TEMPLATE D1.1: DECLARATION OF SCHEDULE 1 CHEMICAL ACTIVITIES AT FACILITY

Submit this template for each Schedule 1 chemical produced, processed, consumed by and / or stored at a declared Schedule 1 Facility.

Please duplicate template as required.

(1) Name of Chemical:	(2) Common Trade Name (Please indicate as "N.A." if not available):
(3) Percentage Purity:	(4) CAS Registry No.:
(5) Chemical Structure:	
(6) Please indicate the relevant activities by ticking the relevant boxes:	
<input type="checkbox"/> <b>Production</b>	
Quantity Produced:	Purpose of Production (Please indicate where applicable):
	<input type="checkbox"/> Research <input type="checkbox"/> Pharmaceutical
	<input type="checkbox"/> Medical <input type="checkbox"/> Waste Disposal
	<input type="checkbox"/> Protective <input type="checkbox"/> Production of Other Schedule 1 Chemical
µg / g	Please complete the next page if Schedule 1,2 or 3 chemical is used in the production of this chemical
<input type="checkbox"/> <b>Processing</b>	
Quantity Processed:	Purpose of Processing (Please indicate where applicable):
	<input type="checkbox"/> Research <input type="checkbox"/> Pharmaceutical
	<input type="checkbox"/> Medical <input type="checkbox"/> Waste Disposal
	<input type="checkbox"/> Protective <input type="checkbox"/> Production of Other Schedule 1 Chemical
µg / g	
<input type="checkbox"/> <b>Consumption</b>	
Quantity Consumed:	Purpose of Consumption (Please indicate where applicable):
	<input type="checkbox"/> Research <input type="checkbox"/> Pharmaceutical
	<input type="checkbox"/> Medical <input type="checkbox"/> Waste Disposal
	<input type="checkbox"/> Protective <input type="checkbox"/> Production of Other Schedule 1 Chemical
µg / g	
<input type="checkbox"/> <b>Storage</b>	
Maximum Quantity Stored at any time of previous year:	Quantity of this chemical stored at the end of previous year:
µg / g	µg / g
(7) Details of Company where Schedule 1 Chemical was stored at:	
Company Name: _____ Address: _____	
Contact Person: _____ Tel: _____	
(8) Declarant's Signature:	(9) Date (dd/mm/yyyy)



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## SCHEDULE 1 CHEMICAL DECLARATION

### TEMPLATE D1.2: DECLARATION ON SCHEDULE 1, 2 and 3 PRECURSOR CHEMICALS USED TO PRODUCE A SCHEDULE 1 CHEMICAL AT DECLARED FACILITY

Submit this template for each Schedule 1 chemical produced in the declared Schedule 1 Facility using 1 or more precursor chemicals listed on Schedules 1, 2 or 3.

**Please duplicate template as required.**

(1) Name of Chemical:	(2) Common Trade Name (Please indicate as "N.A." if not available):
(3) Percentage Purity:	(4) CAS Registry No.:
(5) Please describe methods employed for production of this Schedule 1 chemical:	

SCHEDULE 1 / 2 / 3 PRECURSORS USED FOR PRODUCTION				
No	Chemical Name of Precursor	Schedule	CAS Registry No.	Quantity
				µg / g
				µg / g
				µg / g
				µg / g
				µg / g
				µg / g
				µg / g
				µg / g
				µg / g
				µg / g
				µg / g
				µg / g
				µg / g
				µg / g
				µg / g
				µg / g
(6) Declarant's Signature:		(7) Date (dd/mm/yyyy)		



### TEMPLATE D1.3: DECLARATION ON LOCAL TRANSFER OF SCHEDULE 1 CHEMICAL

**Submit this template for each Schedule 1 chemical locally transferred from a declared Schedule 1 Facility. Please duplicate template as required.**

(1) Name of Chemical:	(2) Common Trade Name (Please indicate as "N.A." if not available):
(3) Percentage Purity:	(4) CAS Registry No.:

(5) Chemical Structure:

(6) Amount transferred / distributed:

(7) Purpose of Local Transfer/ Distribution: (Please indicate where applicable)

- ☐ Research
- ☐ Medical
- ☐ Protective
- ☐ Pharmaceutical
- ☐ Waste Disposal
- ☐ Production of Or

(8) Details of Company where Schedule 1 Chemical was transferred / distributed to:

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel: \_\_\_\_\_

(9) Amount transferred / distributed:

(10) Purpose of Local Transfer/ Distribution: (Please indicate where applicable)

- ☐ Research
- ☐ Medical
- ☐ Protective
- ☐ Pharmaceutical
- ☐ Waste Disposal
- ☐ Production of Or

(11) Details of Company where Schedule 1 Chemical was transferred / distributed to:

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel: \_\_\_\_\_

(12) Amount transferred / distributed:

(13) Purpose of Local Transfer / Distribution: (Please indicate where applicable)

<input type="checkbox"/> Research	<input type="checkbox"/> Pharmaceutical
<input type="checkbox"/> Medical	<input type="checkbox"/> Waste Disposal
<input type="checkbox"/> Protective	<input type="checkbox"/> Production of O

(14) Details of Company where Schedule 1 Chemical was transferred / distributed to:

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel: \_\_\_\_\_

(15) Declarant's Signature: \_\_\_\_\_

.....  
(16) Date (dd/mm/yyyy)



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## SCHEDULE 1 CHEMICAL DECLARATION

### TEMPLATE D1.4: DECLARATION ON IMPORT AND EXPORT OF SCHEDULE 1 CHEMICAL

Submit this template for each Schedule 1 chemical imported to and/or exported out of a declared Schedule 1 Facility.

(1) Name of Chemical:	(2) Common Trade Name (Please indicate as "N.A." if not available):
(3) Percentage Purity:	(4) CAS Registry No.:

(5) Chemical Structure:
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(6) Please indicate the relevant activities by ticking the relevant boxes:

☐ **IMPORT (COUNTRY THAT THE SCHEDULED CHEMICAL WAS DISPATCHED FROM, REGARDLESS OF ITS COUNTRY OF ORIGIN)**

*(You may wish to provide list on separate attachment, if fields are insufficient.)*

Import Permit Number	Country	Month of import	Quantity (Please indicate units)

☐ **EXPORT (COUNTRY OF DESTINATION FOR THE SCHEDULED CHEMICAL)**

*(You may wish to provide list on separate attachment, if fields are insufficient.)*

Export Permit Number	Country	Month of Export	Quantity (Please indicate units)

(7) Declarant's Signature:

(8) Date (dd/mm/yyyy)