

To: Director of Environmental Protection (Hazardous Chemicals Control)
Territorial Control Office
Room 3404, 34/F, Hopewell Centre, 183 Queen's Road East
Wan Chai, Hong Kong
Fax : 2116 4209

Name of Permit Holder: _____
Permit No. : _____
Reporting Period : _____

Hazardous Chemicals Control Ordinance (HCCO) — Activity Report of Transshipment / Transit *@ of Scheduled Chemical(s)

Import / Export Licence No.	Transshipment / Transit * Date	From (Place of Origin)	To (Place of Destination)	No. or Name of Incoming Vessel / Flight / Vehicle	No. or Name of Outgoing Vessel / Flight / Vehicle	Through Bill of Lading No.	Description of Cargo (Chemical)				
							CAS Registry No.	Common / Trade Name (if applicable)	Name as Listed in HCCO	Concentration (% by weight) (if applicable)	Net Weight (kg)

I, _____ (Name in block letters), authorized person of _____ (Name of permit holder)
hereby declare that the information given above is true and accurate.

Signature

Company Chop

Date

* Delete where appropriate

@ Use separate sheet for listing scheduled chemical(s) transhipped and scheduled chemical(s) transited during the reporting period.