|  |  |  |
| --- | --- | --- |
|  | **Form CN-2**  **Detailed Notification of a Planned Transfer of a Schedule 1 Chemical to or from the Notifying State Party** | Country Code:  Section: C  Page of n pages:  Date (ccyy-mm-dd): |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Confid.  mark | | | | *Provide the following information for each individual planned transfer.* | |  | |  | | | |
|  | |  | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |  | |
|  | |  | | Please indicate whether this is a notification of | |  | |  | |  | |
|  | |  | | the supply or receipt of a Schedule 1 chemical (indicate one only): | |  | | Supply ❑ Receipt ❑ | |  | |
|  | |  | |  | |  | |  | |  | |
|  | |  | | IUPAC chemical name: | |  | |  | |  | |
|  | |  | |  | |  | |  | |  | |
|  | |  | | Identify the attachment for structural formula, if not | |  | |  | |  | |
|  | |  | | contained in the handbook for chemicals: | |  | |  | |  | |
|  | |  | |  | |  | |  | |  | |
|  | |  | | CAS registry number: | |  | |  | |  | |
|  | |  | |  | |  | |  | |  | |
|  | |  | | Quantity involved: | |  | |  | |  | |
|  | |  | |  | |  | |  | |  | |
|  | |  | | Planned date of transfer: | |  | |  | |  | |
|  | |  | |  | |  | |  | |  | |
|  | |  | | Purpose of transfer (use C01 to C04 of Appendix 8 codes | |  | |  | |  | |
|  | |  | | or specify) | |  | |  | |  | |
|  | |  | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |  | |
|  | |  | | **Please identify the source of the Schedule 1 chemical** | |  | |  | |  | |
|  | |  | |  | |  | |  | |  | |
|  | |  | | Source country: | |  | |  | |  | |
|  | |  | |  | |  | |  | |  | |
|  | |  | | Name: | |  | |  | |  | |
|  | |  | |  | |  | |  | |  | |
|  | |  | | Street address: | |  | |  | |  | |
|  | |  | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |  | |
|  | |  | | **Please identify the recipient of the Schedule 1 chemical** | |  | |  | |  | |
|  | |  | |  | |  | |  | |  | |
|  | |  | | Recipient country: | |  | |  | |  | |
|  | |  | |  | |  | |  | |  | |
|  | |  | | Name: | |  | |  | |  | |
|  | |  | |  | |  | |  | |  | |
|  | |  | | Street address: | |  | |  | |  | |