

Third Party Information Lodgment



Australian Government
Department of Health and Ageing
NICNAS

FORM 5

This form is used to identify information provided by a third party in respect of a notification and to indicate information which may not be disclosed to the notifier. It should be lodged with or following Form 1 (Application for Assessment Certificate or Permit for a New Industrial Chemical).

If information is to be treated as exempt information under section 75 of the Act, provision of Form 3 (or declaration of exempt information on Form 1) signed by the notifier is required.

Please complete form and ensure that all supporting documents are enclosed.

Return to: Director
NICNAS
GPO Box 58, Sydney NSW 2001
Telephone: (02) 8577 8800 / 1800 638 528 Fax: (02) 8577 8888

Identity of Owner of Data

Business Name:

ACN / ABN: _____ NICNAS Registration Number _____ :

Business Address:

Postcode:

Postal Address (*if same as Business Address, state AS ABOVE*):

Postcode:

Contact Name:

Position:

Phone:

Fax:

E-mail:

Technical Contact Details for Enquiries Concerning 3rd Party Data

Business Name:

Business Address:

Postcode:

Postal Address (*if same as Business Address, state AS ABOVE*):

Postcode:

Contact Name:

Position:

Phone:

Fax:

E-mail:

Identity of NICNAS Notifier

Business Name:

Information to be Kept Confidential from Notifier? Yes No

NICNAS File Number (*if known*):

Notification Category:

Chemical Details

Chemical Name:

Marketing or Other Name(s):

CAS Number (*if known*):

Information Provided

Information provided that is to be kept confidential from the notifier (*e.g. Chemical Name*):

Declaration (Owner of Data or Technical Contact)

I declare that to the best of my knowledge all the information in this application is true, correct and complete. In relation to the notification statement and/or other documentation accompanying this application, I declare that I am entitled to use and give the Director all data in the statement. This data is provided to the Director in confidence only for the purposes of the notification specified above.

Name

Position

Signature

Date

Note: It is an offence under the Act to supply a statement that is false or misleading.