

Please stamp or copy onto your company's/institution's letterhead



**SIGMA-ALDRICH**

**END USER DECLARATION FOR  
PRECURSORS – CATEGORY 2  
\*\*MULTIPLE TRANSACTIONS\*\***

Company / Institution \_\_\_\_\_

Customer Number \_\_\_\_\_

Department Name \_\_\_\_\_

Street Address \_\_\_\_\_

Postal Address \_\_\_\_\_

Country \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

The license was issued by Läkemedelsverket, Box 26, S-751 03 Uppsala, SWEDEN

License Number: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Product Name \_\_\_\_\_

Quantity \_\_\_\_\_

**From Sigma-Aldrich Sweden AB, Solkraftsvägen 14 C, 135 70 STOCKHOLM, SWEDEN**

The substance will be used solely for

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The quantity ordered corresponds approximately of our consumption for \_\_\_\_ months (max 12).

**We guarantee that the above substance will only be resold or in other way delivered under the condition that the customer will furnish a similar declaration of intended use.**

\_\_\_\_\_  
End- User's legally binding signature

\_\_\_\_\_  
Name in block letters

\_\_\_\_\_  
Date/Place

\_\_\_\_\_  
Position of signer