



**SIGMA-ALDRICH**

**SIGMA-ALDRICH COMPANY LTD**

The Old Brickyard, New Road

Gillingham, Dorset SP8 4XT, England

Telephone +44 (0)1747 822211 Fax +44 (0)1747 823779

For orders: Tel 0800 71 71 81: Fax 0800 37 85 38

09 January 2008

**Our Reference Number:**

**Your Order Number:**

**Item:**

Dear

Thank you for your recent order. As a manufacturer and supplier of research chemicals we are required to maintain strict controls over the supply of our chemicals and equipment. Your order contains an item which requires a declaration and/or licence under the regulations governing controlled drug precursors (EC Regulation No 273/2004). Below is a form which needs to be completed and faxed back to us, along with a copy of your licence before we can continue processing this product. Other items on your order not requiring a declaration will be despatched as per normal.

**The form must be transferred to your own letter heading.**

**If your completed form is not returned to us within 10 working days the item will be cancelled.**

**Please fax back all forms to 01747 833569**

Please contact us if you have any questions regarding the forms as we want to process your order with the minimum delay. We can be contacted by telephone on 01747 833311, please quote the reference number above on all correspondence regarding this order.

Sigma-Aldrich Customer Services Team

THE TABLE BELOW IS TO BE COPIED ONTO YOUR HEADED PAPER

CUSTOMER DECLARATION OF SPECIFIC USE(S) OF THE SCHEDULED CATEGORY 1 OR 2 SUBSTANCES

**(INDIVIDUAL TRANSACTIONS)**

**Regulation (EC) No 273/2004 of the European Parliament and of the Council  
of 11 February 2004 on Drug Precursors**

**I/We,**

**Purchase Order No:**

Name .....

Address .....

Authorisation/Licence/Registration Number or reference  
(delete as appropriate) .....

**(Applies to all Category 1 Orders and to Traders Only for Category 2 Orders)**

Issued on ..... by .....

(name and address of the authority)

and valid until/without time limit (delete as appropriate) \_\_\_\_\_

**Have ordered from:**

Name .....

Address .....

**the following substance:** .....

Product No : .....

Description: .....

Combined nomenclature  
code (CN) code: ..... Quantity: .....

**The substance will be used solely for:**

- Research/Analytical
- Manufacturing
- Resale
- Other (Please Specify)

I/We hereby certify that the substance referred to above will not be re-sold or otherwise supplied to any other customer unless the latter furnishes a declaration of use in accordance with this model or, for Category 2 substances, a declaration relating to multiple transactions.

Signature ..... Name .....  
(in block capitals)

Position ..... Date .....