

# END USER STATEMENT



PRODUCT NAME	DG	PRODUCT NUMBER	SIZE	QTY
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## END USER DETAILS [Person using product to fill in form]

Full Name \_\_\_\_\_

Department / Position \_\_\_\_\_ Order Number \_\_\_\_\_

Company / School [Name] \_\_\_\_\_

[Delivery Address] \_\_\_\_\_

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

## DECLARATION

### INTENTION OF USE

This chemical product is exclusively used for \_\_\_\_\_

### STATEMENT

**"By signing this End User Statement form, I declare and confirm the product/s listed above WILL NOT BE USED for the production of narcotic drugs or chemical weapons specified in 'The Misuse of Drugs Act 1975 (Schedule 1, Parts 1 & 2)' and 'The Chemical Weapons (Prohibition) Act 1996.' ."**

Signature of Authorised Person .....  
( Send filled out form to: [inquiries@crescendo.co.nz](mailto:inquiries@crescendo.co.nz) )

SUPPLIER DETAILS Crescendo Science Lab Supplies / [www.crescendo.co.nz](http://www.crescendo.co.nz)

**\* THIS FORM WILL BE MADE AVAILABLE TO THE NEW ZEALAND POLICE UPON REQUEST \***