**Appendix F**

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| **INTERNAL TRANSFER - END USER DECLARATION FORM** |

This form is for **internal purposes only** i.e., when a 17B or 17C substance is provided by the supplier to a staff member or student or if transferred between research groups. This form is required to be signed off by a staff member or the academic supervisor of the student and the original must be kept by the supplier and a copy kept by the receiver in a form which can be retrieved if requested by SAPOL for a period of 5 years. For external purchases, this form will be provided by the external supplier and a copy is required to be kept by the receiver for 5 years.

|  |  |
| --- | --- |
| **Name and University number of supplier** |  |
| **Location and research group** |  |

|  |  |
| --- | --- |
| **Name of person and university number of the receiver** |  |
| **Location and research group** |  |

**END USER STATEMENT**

The controlled substance product I wish to purchase is classified as a possible illicit drug precursor or auxiliary reagent. I understand that to be supplied this product a signed end user declaration must be provided together with the order.

|  |  |  |  |
| --- | --- | --- | --- |
| **CAS Number.** | **Product Name** | **Quantity/ Pack Size** | **Order No.** |
|  |  |  |  |

**Intended Use**

|  |  |  |  |
| --- | --- | --- | --- |
| ❑ Analytical | ❑ Research and Design | ❑ Manufacturing | ❑ Other (please specify) |
| **Please specify the details of intended use** | | | |
| **RECEIVERS USER DECLARATION** | | | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Full Name Position  **I declare that the apparatus/chemical listed above will not be used for the manufacture of illicit drugs.**  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **THE RECEIVER’S SUPERVISOR AUTHORISATION** | | | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  Full Name Position  **approve that the purchase/transfer of the apparatus/chemicals is for research use.**  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

**To be completed by the internal supplier**

Name on the photo identification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Photo Identification card type of the receiver \_\_\_\_Driver’s Licence\_\_\_\_\_or\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Photo Identification Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiry Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of supplier\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_