

signing.

Chemisure Use Only

APPROVED BY:

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EPP Declaration Form

Completion of this form is required for business and professional users to purchase Regulated products from Chemisure Limited as defined in The Control of Poisons and Explosive Precursor Regulations 2023.

CUSTOMER NAME		
ADDRESS		
REGISTRATION NUMBER		
VAT NUMBER		
NATURE OF TRADE/BUSINESS/PROFESSION		
NAME OF PERSON AUTHORISED BY CUSTOMER T	O SIGN	
TYPE OF PHOTOGRAPHIC ID (PLEASE PROVIDE CO	OPY)	
REGULATED PRODUCT NAME	INTENDED APPLICATION/USE (COMPLETE FOR	
	EACH MATERIAL REQUIRED)	
	used for the applications listed above or will only be so	
	respecting all requirements of The Control of Poisons or suspicious activity regarding these materials is a requ	
Regulations.	or suspicious activity regarding these materials is a requ	петне
regulations.		
	1	
NAME:	JOB TITLE:	
SIGNATURE:	DATE:	

CUSTOMER ACCOUNT

UPDATED?