**To**  **Date : DD.MM.YYYY**

**M/s. Pure Chemicals Group,**

No. 32, H-Block, 15th Main Road,

Anna Nagar,

**Chennai - 600 040.**

Dear Sir,

**Sub:** **END-USE CERTIFICATE**

We understand that the material (Enter Material Name here) is covered under schedule “C”

by notification dated 26/02/2013 of Narcotics and Psychotropic substance Act 1985. We are planning to purchase MTO 1st time to Test Measuring unit.

Details of Invoice:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Invoice No. | Invoice Date | Product Name | Quantity | Purpose |
|  |  |  |  |  |

We undertake that the material received by us through you will be for the above declared purpose only and not for resale.

Thanking You,

Yours Faithfully,