

ADEC MARINE LIMITED



4 MASONS AVENUE, CROYDON, SURREY, CRO 9XS
UNITED KINGDOM
TEL 0208 686 9717 FAX 0208 680 9912
E-MAIL : sales@adecmarine.co.uk

REQUISITION FORM

FOR USE WHEN OBTAINING CONTROLLED DRUGS

CATEGORY A, B and C FIRST AID KITS

This order form must be signed by either the vessel's owner or its Master

Requisition

TO _____ (name and address of authorised supplier)

FROM _____ (Name of Master or Ship Owner)

VESSEL NAME _____

ADDRESS _____ (Address of the Ship or Ship Owner)

PLEASE SUPPLY _____

The above drugs are required for the medical stores of the above vessel in compliance with the Merchant Shipping (Medical Stores) Regulations 1995.

SIGNATURE

NAME (CAPITAL LETTERS) _____

OCCUPATION _____

DATE _____

It is not necessary for the Master or Owner to receive personally the controlled drugs from the supplier' but if the drugs are received by another person, the requisition must be endorsed as follows:-

I empower To receive the above drugs on my behalf.

A specimen signature is provide below.

Specimen signature of person empowered

Signature of Master/Owner