

IN WITNESS WHEREOF this Agreement is executed by the parties as follows:-

Signed by  
for and on behalf of the  
**HEALTH SERVICE EXECUTIVE:**

<i>Fra Thompson</i>	<i>Alkaloid</i>	<i>J. P.</i>	<i>1/10/13</i>
.....	.....	.....	.....
Name (printed)	Title	Signature	Date

Signed by  
for and on behalf of  
**[SUPPLIER NAME]:**

.....	.....	.....	.....
Name (printed)	Title	Signature	Date