

## Kron Technologies INC. 4183 McConnell Dr., Burnaby BC Canada V5A 3J7

Date Received:		
(Office use only)		

Canada	V5A 3J7		
Statement By Ultimate	Cosignee and Purchaser		
Ultimate Cosignee:	City: St	ate/Province:	
Address Line 1:	Country:		
Address Line 2:	Postal Code:	Telephone:	
Use of Items by Ultimate Cosignee Named above:			
We certify that the items: (select one)			
Will be used by us in the form in which received in a manufacturing process in the country named above, and will not be reexported or incorporated into an end product.			
Will be processed or incorporated by us into the following product (S) to be manufactured in the country named above for distribution in			
Will be resold by us in the form in which received in the country named above for use or consumption therein.  The specific end-use by my customer will be			
D. Will be reexported by us in the form in which received to:			
E. Other (describe fully or attach documents)			
Nature of Business of Ultimate Cosignee Named Above			
A. The nature of our usual business isOur business relationship with the reseller/distributor is			
B. We have had this relationship foryear(s)  Additional Information:			
Statement of Ultimate Cosignee and Purchaser			
We certify that all of the facts contained in this statement are true and correct to the the above statement. We shall promptly send a supplemental statement to the reselle occurs after the statement has been prepared and sent to Kron Technologies. We will this statement to any country not approved for export as brough to our attention by r result directly or indirectly, in disposition of the items contrary to the representations	er/distributor dosclosing any change of fa not reexport, resell or otherwise dispose neans of the reseller/distributor contract	cts or intentions set forth in this statement which of any items approved on a license supported by agreement, or to any person if we know that it will	
Signature of Official of Ultimate Cosignee	Name of Reseller/Distributor		
Name of Official	Signature of Reseller/Distributor		
Title of	Name of		
Official	Official		
Date (mm,dd,yyyy)	Title of Official		
To Be Completed by Reseller/Distributor For Each Purchase:			
Serial number Warranty length	Image Sensor	Case Colour	
Final Destination Country	Date of Form completion (mm,dd,yy	yy)	
Authorization Signature	Print Name		
Invoice NumberPO Number We acknowledge that the making of any false statements or concealment of	Carrier Waybill/Tracking Number	n this statement may result in immediate	
termination of the reseller/distribution agreement and is subject to Canadia		i chia atatement may result in inimediate	