

Supplier Declaration

Please: Insert your Company's Logo

***** By signing this document, you are representing that you are authorized to make claims on behalf of your company in regards to Proposition 65, and that such claims can be relied upon *****

Company Name:
(please insert your Company Name)

LIST OF PRODUCTS YOUR COMPANY SUPPLIES TO LANDIS+GYR:

<u>Part(s) or Product(s)</u> <i>[Please note: This is the BUYER'S (Landis+Gyr) internal Part number that usually starts with the CAPITAL letter: Pxxxxxxxx or Mxxxx]</i>	<u>Manufacturer Part Number(s) (MPN)</u> <i>[Please note: This is YOUR, as supplier to Landis+Gyr, internal part number: xxxxxxx]</i>

DECLARATION OF PROPOSITION 65 COMPLIANCE

California Proposition 65 List version Date*	Enter DD/MM/YYYY Here
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* [Proposition 65 list](#) include all substance names that were included up to that date of inclusion listed above.

To whom it may concern,

We hereby send you information related to California's Safe Drinking Water and Toxic Enforcement Act of 1986 (Proposition 65).

In accordance with the requirements defined in the regulation, this communication applies to the above referenced Product(s) included with this declaration. Each Product is deemed to contain one or more of the above-referenced above the noted threshold. Products not listed do not contain listed substances over threshold.

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Non-Compliant Prop 65 Parts List:

<u>Part Number(s)</u> <i>[Please note: This is the BUYER'S (Landis+Gyr) internal Part number that usually starts with the CAPITAL letter: Pxxxxxxxx or Mxxxx]</i>	<u>Manufacturer Part Number (MPN)</u> <i>[Please note: This is YOUR, as supplier to Landis+Gyr, internal part number: xxxxxxx]</i>	<u>Part(s) Description</u> <i>[Please note: This section refers to the description of the supplied part(s)]</i>	<u>Substance Name</u>	<u>CAS Number</u> <i>[If Applicable]</i>

Limitations

[**Your Company Name**] believes that the information it provides above is accurate. The provided information is based upon data obtained from ongoing due diligence concerning goods and materials provided by third party suppliers. [**Your Company Name**] provides such information "AS IS", without any express or implied warranty of any kind. [**Your Company Name**] reserves the right to update and modify this communication, as it believes necessary or appropriate.

Please do not hesitate to ask for further information. *[include contact details/instructions on how to ask for additional information].*

Print Name:
(person authorized to sign this document)

Signed:
(signature)

Title:
(title of person authorized to sign this document)

Date:
(date of signature)

Please stamp here: