Group I.-Opthalmic Equipment, Accessories, Materials, and Sundries and Opthalmic Instruments, Including Optical Instruments

| Column 1. Description of Goods. |  | Column 3. <br> Maximum <br> Percentage of Wholesale Sellingprice Allowed on Sales by Retailers. |
| :---: | :---: | :---: |
| Barometers, aneroid, domestic, all types | 331 | 45 |
| Binoculars, including opera glasses, both with and without cases, all types | 421 | $42 \frac{1}{2}$ |
| Cases only- |  |  |
| Binoculars and opera glasses, all types | $27 \frac{1}{2}$ | $42 \frac{1}{2}$ |
| Spectacle, all types, when sold in lots of six or more | 50 | 50 |
| Spectacle, when sold in lots less than six | 55 | 50 |
| Eye glasses and eye glass frames for trade use or otherwise including monocles, all types | 331 | 422 |
| Frames- |  |  |
| Spectacle, excluding trial frames, all types, when sold in lots of six or more | 50 | $37 \frac{1}{2}$ |
| Spectacle, when sold in lots of less than six | 55 | $37 \frac{1}{2}$ |
| Spectacle, parts, all types .. .. | 50 | 421 |
| Glasses- |  |  |
| Magnifying, all types, including readers, all types | $33 \frac{1}{3}$ | $42 \frac{1}{2}$ |
| Sun, all types | 331 | $47 \frac{1}{2}$ |
| Goggles, all types .. .. | 331 | $47 \frac{1}{2}$ |
| Lenses- Microscopes .. .. .. | $33{ }^{1}$ | 50 |
| Spectacle, all types, including blanks, when sold in lots of six or more | 50 | $37 \frac{1}{2}$ |
| Spectacle, all types, including blanks, when sold in lots of less than six | 55 | $37 \frac{1}{2}$ |
| Other than spectacle, for optical and other instruments of all kinds including binoculars and telescopes, but excluding microscope lenses and photographic lenses of all kinds | 30 | $37 \frac{1}{2}$ |

Group I.-Opthalmic Equipment, \&cc.-continued


Note.-The retail prices fixed in this Group do not include charges made by optical practitioners for processing or for professional services rendered.

SECOND SCHEDULE
PRICE CONTROL DIVISION
P.C. File No. $\qquad$

W ZEALAND N OF SUMMARY OF PURCHASE COSTS OF IMPORTATIONS OR PURCHASES WITHIN NE
(Note.-This form is to be used only in instances where prior request has been made by the Division.)
Purchaser's Name:___________ Manufacturer/Wholesaler/Retailer.
Postal Address :
Overseas or New Zealand Supplier-Name :
Address :
Country of Origin of Imported Goods :
Imported ex s.s.
Gross Invoice Cost: $£$

Packing. .
Bill Lading and Transport to Ship
.. .. ..
Insurance-Marine ...
$\begin{array}{lllll}. . & . . & . . & . . & . . \\ . . & . & . . & . & .\end{array}$
Risk
Freight . .
Buying Commission @ _ per cent. Cables (expended in ordering goods only) Other charges (bank interest) Other Charges (State nature and details) :-



