



CUSTOMER REGISTRATION & CONSENT

• BUSINESS ENTITIES •

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ENTITY INFORMATION

ENTITY TYPE

Private Company		Public Company		Partnership		Sole Proprietor		Trust		Close Corporation	
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ENTITY REGISTERED NAME

ENTITY TRADING NAME

BUSINESS REGISTRATION / ID NUMBER

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VAT NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ADDRESS & CONTACT INFORMATION

PHYSICAL ADDRESS

POSTAL ADDRESS

PROCUREMENT OFFICER

Name & Surname

Telephone Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

e-Mail Address

ACCOUNTING OFFICER

Name & Surname

Telephone Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

e-Mail Address

DELIVERY INFORMATION

DELIVERY ADDRESS (If different from Physical Address above)

SPECIAL INSTRUCTIONS (e.g. Specific Delivery times)

CONTACT PERSON for DELIVERIES (If different from Procurement Officer)

TELEPHONE NUMBER

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Initials: Client Official



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SUPPLEMENTARY INFORMATION

How was your organisation first introduced to MedSci?

What is your primary business?

PROTECTION OF PERSONAL INFORMATION

MedSci Medical Equipment and Supplies (Pty) Ltd is committed to the protection of personal information and fully subscribes to the Protection of Personal Information Act [POPIA], as well as the Promotion of Access to information Act [PAIA]. The directors of MedSci hereby give assurance that your information will only be used for the processing of the commercial transactions sprouting from the relationship between MedSci and you / your organisation. Your personal information shall not be made available to any third party not legally entitled thereto.

CONSENT

I, the undersigned legitimate representative of _____, hereby confirm that the information provided on this form is accurate and true, and I further give permission for MedSci Medical Equipment and Supplies (Pty) Ltd to:

1. Store the information as provided on this form, for the purposes as stated above, or as required by law;
2. From time to time, send me marketing communication ONLY related to the products of MedSci.

I understand that, at any time in future, I can withdraw such consent by sending an e-mail to informationofficer@medscigroup.co.za

SIGNATURE: CLIENT OFFICIAL

DDMMYYYY

FOR OFFICE USE

DEBTOR NUMBER ALLOCATED:

SIGNATURE: EMPLOYEE

Comments

DDMMYYYY