



# CUSTOMER REGISTRATION & CONSENT

## • BUSINESS ENTITIES •

MES-004  
V1.0  
20231102  
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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

#### 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

Initials: Client Official



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### SUPPLEMENTARY INFORMATION

How was your organisation first introduced to MedSci?

www.medsci.co.za Website

Contacted by a MedSci Sales Rep.

Referred to by existing MedSci client

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your primary business?

Hospital / Clinic

Home User

Medical Practitioner

Medical or Pharmaceutical Supplier

Non-Medical Institution (Internal Business Use)

Medical Equipment Distributor

Government / Semi-Government Institute

Other: \_\_\_\_\_

### 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](mailto:informationofficer@medscigroup.co.za)

SIGNATURE: CLIENT OFFICIAL

DDMMYYYY

### FOR OFFICE USE

DEBTOR NUMBER ALLOCATED:

□□□□□□

Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: EMPLOYEE

DDMMYYYY