

## **CUSTOMER REGISTRATION & CONSENT**

PRIVATE ENTITIES •

PERSONAL DETAILS		
Surname		
Full Names		
ID Number		
ADDRES	S & CONTACT INFORMATION	
Physical Address	Delivery Address (If different from Physical Address)	
	{	
Telephone Number 1	Telephone Number 2	
e-Mail Address		
Your first introduction to MedSci?		

Referred to by existing MedSci client

Contacted by a MedSci Sales Rep.

## **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 you and MedSci. Your personal information shall not be made available to any third party not legally entitled thereto.

## CONSENT

I, the undersigned (with details as stipulated above) 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

	FOR OFFICE USE	
SIGNATURE: CLIENT	DEBTOR NUMBER ALLOCATED	SIGNATURE: MEDSCI EMPLOYEE