MedSci

CUSTOMER REGISTRATION & CONSENT
● PRIVATE ENTITIES ●

MES-004A
V1.0
20231102

PERSONAL DETAILS

Surname

Full Names

ID Number

ADDRESS & 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?

- www.medsci.co.za Website
- Contacted by a MedSci Sales Rep.
- Referred to by existing MedSci client
- 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 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

SIGNATURE: CLIENT

D D M M Y Y Y Y

FOR OFFICE USE

DEBTOR NUMBER ALLOCATED

SIGNATURE: ISA EMPLOYEE

D D M M Y Y Y Y