

Official Declaration & Obligatory Procedure
(for Buyer's Signatory Mandates and Buyer's Intermediaries)

General Remark:

In order to evaluate business proposals and on behalf of our clients, Medcoach GmbH asks any potential cooperation partner (herein named "Business Partner") to provide the following basic information on the Buyer's side, of course with respect of the protection of the Buyer's identity.

Please note that this document will be the prerequisite for any activities by Medcoach. The information provided by the Business Partner will be legally binding. Only by strictly following this procedure our clients and the reputation of Medcoach can be protected.

It is our long term experience that **any business initiation** taking **more than 5 working days** between initial contact by a Business Partner and the establishment of a direct contact between the Seller's and the Buyer's side (no intermediaries) is **not realistic** and therefore will be cancelled on the 6th working day.

Note: Medcoach or its partners **DO NOT PAY any upfront money**, e.g. for marketing services, contact providing, etc. Any **payment will be based on a successful closure** of the offered deal.

Medcoach Procedure:

1. Providing of some background information on Buyer's side and the accepted price and procedure based on this form and **OFFICIALLY SIGNED** by the introducing Business Partner and sent to Medcoach **via fax or email**.
2. Evaluation of the seriousness of the Buyer's side and the persons involved (based on the information provided herewith) by Medcoach.
3. In case of general approval by Medcoach, signing of an NDNCA/MFPA naming ALL involved intermediaries / mandates.
4. Forwarding of the information to the Seller's side and establishment of an immediate und direct contact to the Seller's side.

Note: No contact between intermediaries will be accepted, only between Buyer/Seller himself or official Signatory Mandates with letter of authorization!

5. Direct negotiations between Buyer's and Seller's side without any involvement of intermediaries.

NOTE: This form can be filled out interactively in any PDF-program and printed out later for signature and sending.

Information on the "Business Partner" introducing the Buyer's Side:

Company Name: _____
Company Address*: _____
Company Registration: _____
Name of Representative*: _____
Email Address: _____
Mobile Phone Number: _____
Signatory Mandate: YES ___ NO ___ Intermediary: YES ___ NO ___

*: In case of a private person without company background please provide name and official place of residence.

Official declaration by the "Business Partner" introducing the Buyer's Side:

I/we hereby confirm with full legal and corporate responsibility and under penalty of perjury that I myself am / we ourselves are Signatory Mandate of or that I/we have a reliable contact to a potential Buyer of the product/service offered who is Ready, Willing and Able to finalize the business offered.

I/we hereby confirm to have thoroughly evaluated all relevant economic and legal data of the introduced Buyer and have already agreed on the herewith proposed overall procedure, the commission and the commission sharing with the Buyer and any other persons involved on the Buyer's side as mentioned below.

Place & Date

Signature of Business Partner
(Please also provide company's stamp)

Key Facts “Business Partner = Signatory Buyer Mandate”: (NOTE: If not, skip this item!)

Signatory Buyer Mandate: YES Letter of Authorization: YES ___ NO ___

Business Partner has been granted exclusiveness by Buyer: YES ___ NO ___

Buyer is personally known to the Business Partner: YES ___ NO ___

Buyer is in direct, personal contact with the Business Partner: YES ___ NO ___

Business Partner has evaluated legal and economic data regarding the Buyer: YES ___ NO ___

Business Partner is willing to present Buyer’s contact details to Medcoach after signing of an internal NDNCA / MFPA: YES ___ NO ___

Business Partner has already successfully closed a similar deal with this particular Buyer: YES ___ NO ___

Key Facts “Business Partner = Intermediary”:

Signatory Buyer Mandate: NO Letter of Authorization: YES ___ NO ___

Buyer is personally known to the Business Partner: YES ___ NO ___

Buyer is in direct, personal contact with the Business Partner: YES ___ NO ___

Signatory Mandate is personally known to the Business Partner: YES ___ NO ___

Signatory Mandate is in direct, personal contact with the Business Partner: YES ___ NO ___

Business Partner has evaluated legal data regarding the Buyer’s Signatory Mandate: YES ___ NO ___

Business Partner has evaluated legal and economic data regarding the Buyer: YES ___ NO ___

Business Partner is willing to present the Mandate’s contact details to Medcoach after signing an internal NDNCA / MFPA: YES ___ NO ___

Business Partner is willing to present Buyer’s contact details to Medcoach after signing of an internal NDNCA / MFPA: YES ___ NO ___

Business Partner has already successfully closed a similar deal with this particular Buyer’s Signatory Mandate: YES ___ NO ___

Key Facts “Product Specification”:

Product Type: _____

Detailed Specification: _____

Quantity: _____

Spot / Contract Period: _____

Place of Origin: _____

Storage: _____

Ownership: Private ____ Government ____ Company ____

Nationality: _____

Offer will be valid till: _____

Accepted Price & Commissions:

Accepted Price per Unit: _____

Overall price: _____

Commission paid by Buyer: _____

Buyer’s Mandate’s Commission: _____ %

Buyer’s Intermediaries’ Commission: _____ %

Medcoach’s Commission*: _____ %

Commission paid by Seller: _____

Seller’s Mandate’s Commission: _____ %

Seller’s Intermediaries’ Commission: _____ %

Medcoach’s Commission*: _____ %

*: Including all partners provided by Medcoach and necessary to accomplish the deal.

Documents provided by Business Partner & Buyer's Side:

Internal* NCNDA / MFPA: YES ___ NO ___ Addressed to: _____
Letter of Authorization** : YES ___ NO ___ Addressed to: _____
LOI issued by Buyer***: YES ___ NO ___ Addressed to: _____
ICPO issued by Buyer***: YES ___ NO ___ Addressed to: _____
NCNDA / MFPA****: YES ___ NO ___ Addressed to: _____

*: Internal Agreement to be signed between Medcoach and the Business Partner prior to disclose the Buyer's or Buyer's Mandate's identity.
**: Letter of Authorization for official Signatory Mandates
***: Issued by the Buyer or the official Signatory Mandate with Letter of Authorization.
****: All included parties have to be mentioned, including Buyer and Seller.

Documents will be provided till: _____

NOTE: All documents have to be provided on official company paper or at least with official company header / footer!

Overall Procedure – Direct Contact Buyer / Seller:

Please describe at what time a direct contact to the Buyer or the official Signatory Buyer's Mandate will be established and which conditions have to be fulfilled prior to this:

In case of any further questions please do not hesitate to contact me or my colleague Mr. Michael Wiblinger.

Email: michael.wiblinger@viappia.at

christian.schreiber@viappia.at

Phone: +43 664 538 0601

+43 664 100 8070

Yours faithfully

Christian Schreiber
General Manager

PLEASE RETURN THIS FORM WITH THE NECESSARY INFORMATION AND OFFICIALLY SIGNED

TO:

michael.wiblinger@viappia.at

OR

christian.schreiber@viappia.at

OR via FAX

+43 1 911 5 911