

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

General Remarks:

In order to evaluate business proposals and on behalf of our clients, Medcoach asks any potential cooperation partner (herein named "Business Partner") to provide the following basic information on the deal offered, of course with respect of the protection of the Seller'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 the basic deal and background information based on this form and **OFFICIALLY SIGNED** by the offering Business Partner and sent to Medcoach **via fax or email**.
2. Evaluation of the seriousness of the offer 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 offer to the Buyer's side and establishment of an immediate und direct contact to the Buyer'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 Deal:

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 Deal:

We hereby confirm with full legal and corporate responsibility and under penalty of perjury that we are Ready, Willing and Able to offer the following product / service in the specification and in the quantity and as specified below.

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

Place & Date

Signature of Business Partner

(Please also provide company's stamp)

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

Seller`s Signatory Mandate: YES **X** Letter of Authorization: YES ___ NO ___

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

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

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

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

Business Partner is willing to present Seller ´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 Seller: YES ___ NO ___

Key Facts “Business Partner = Intermediary”:

Seller`s Signatory Mandate: NO **X** Letter of Authorization: YES ___ NO **X**

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

Seller 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 Seller ´s Signatory Mandate: YES ___ NO ___

Business Partner has evaluated legal and economic data regarding the Seller: 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 Seller ´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 Seller ´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: _____

Product has already been offered to other parties: YES ____ NO ____

Offered Price & Commissions:

Offered Price per Unit: _____

Overall price: _____

Commission paid by Seller: _____

Seller’s Mandate’s Commission: _____ %

Seller’s Intermediaries’ Commission: _____ %

Medcoach’s Commission*: _____ %

Commission paid by Buyer: _____

Buyer’s Mandate’s Commission: _____ %

Buyer’s Intermediaries’ Commission: _____ %

Medcoach’s Commission*: _____ %

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

Documents provided by Business Partner & Seller's Side:

Internal* NCNDA / MFPA: YES ___ NO ___ Addressed to: _____
Letter of Authorization** : YES ___ NO ___ Addressed to: _____
LOI issued by Seller***: YES ___ NO ___ Addressed to: _____
FCO/SCO 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 Seller's or Seller's Mandate's identity.

** : Letter of Authorization for official Signatory Mandates

***: Issued by the Seller 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 Seller or the official Signatory Seller'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