



REG No. 2012/026269/07

Postnet Suite #594
Private Bag X 033
Rivonia
2128

2 Daffodil Street
Wendywood
Johannesburg

Company Information Form - Terms & Conditions

Should your application be accepted for purchasing, kindly ensure that you are within your scope of practice to be measuring and fitting medical products as the patient accountability will lie with the practitioner and not Innovative Medical Supplies.

I, _____ hereby confirm that the above details are accurate and active. I understand that I am wholly and severally liable for the correct purchase. I also confirm that I understand that due to the nature of the product, the item cannot be returned or exchanged.

Signature: _____

Date: _____

Name: _____

V3: 130320223TS

Tel: 011 656 0337 Email: reception@innovativemedical.co.za

www.innovativemedical.co.za

