

.....
(stamp of the establishment of Tax and Company)

Ordering additional paid services

This..... ("Contracting Party"), instructs the LUX MED Sp. z o.o. ("LUX MED") of health care benefits for the following employees /collaborators *:

No.	Name	Last name	PESEL/Date of Birth	Adress	The main location where health services are to be provided
1					
2					
3					

*in case of the larger number of people we ask for sending the attachment with the table, in the excel format.

The scope of supply includes:.....
.....

We declare that we know the range of LUX MED Sp. o.o. and accept it without reservations (art.70 KC) in the form of this order. The order is valid 3 months from the signing by the customer.

We undertake to pay to LUX MED's fee for the actual implementation of the above. services for the above-mentioned persons. The payment on account of LUX MED shall be made within the period specified in the agreement of the invoice price list in force at LUX MED for services performed at LUX MED's own facilities including discounts arising from agreements concluded between LUX MED and the Contracting Party.

The data necessary to produce the invoice:

Company.....

Adress.....

NIP.....

Name of contact person, phone number, resp. Address for correspondence.....
.....

.....
place

.....
date

.....
signature of person authorized to represent
the Contracting Party

* Delete as appropriate

This order shall be immediately upon receipt and the completed return by fax to (22) 331 85 85 or to the mail address of the Administrative Care of the Agreement or write to: LUX MED Sp. z o.o. Contracts Administration Department, ul. Szturmowa 2, 02-678 Warsaw. The person authorized to represent the Contracting Party is a person disclosed in the relevant public records or authorized to represent the Contracting Party on the basis of applicable law.

Document Status:
Restricted

Appendix...



luxmed.pl