



Customer Registration Sheet

Industry: _____ (the customer fills in a numeric code from the list) **Customer number:** _____ (assigned by Messer)

101	Chemistry	304	Railway technology	602	Scrap and waste recycling	805	Printing and varnishing	815	Meals and accommodation
102	Petrochemistry	305	Aeronautics and astronautics	603	Energy production	806	Textile and leather	816	Trading
103	Pharmacy	306	Industrial production and mechanics	603	Water supply	807	Universities and research	817	Real estate
104	Rubber and plastics	307	Workshops	701	Hospitals and doctors' offices	808	City and its industries	818	Cleaning and security service
201	Steel, iron and metallurgy	401	Electrical engineering and electronics	702	Home care	809	Private customers	819	Other services
202	Non-ferrous metals	402	Semiconductors	703	Doctors, paramedics and others	810	Handmade products	820	Military and defence
203	Glass and ceramics	501	Food and tobacco	801	Agriculture and forestry	811	Other	821	IT services
301	Engineering and factories	502	Beverages	802	Construction	812	Laboratories	822	NGOs/associations
302	Automotive industry	503	Refrigerated logistics	803	Mining, oil and gas	813	Financial services	823	Wood processing
303	Shipyards	601	Waterworks, sewage treatment plants	804	Pulp and paper	814	Travel and leisure	902	Dealers and shops
								904	Dry ice producer

ENTREPRENEUR:

Business name: _____ Tax Reg. No/VAT Reg. No: _____

Registered _____ office/place _____ of _____ business: _____
District _____

ID No: _____ Bank name: _____ Account No: _____

E-mail: _____ Tel: _____

Legal entity - extract from the Commercial Register - registered in the Commercial Register _____ of the court _____, Section: _____, Insert No _____ / _____

represented by/person acting on behalf of the entrepreneur: _____

(in case the signatory is not a statutory body (see the extract from the Commercial Register), it is necessary to provide a power of attorney/authorization granted by the statutory body to the signatory!)

Natural person authorized to do business (sole trader) - Trade License - registered in the Trade Register of the District Office in _____, Register number _____

(in case the signatory is not a sole trader, it is necessary to provide a power of attorney/authorization granted by the sole trader to the signatory!)

NON-ENTREPRENEUR:

Title, name, surname: _____ ID card number: _____

Permanent address: _____
District _____

Date of birth: _____ Bank name: _____ Account number: _____

E-mail: _____ Tel: _____

(hereinafter referred to as the "Customer")

The contractual relationship between the Customer and Messer Tatragas, spol. s r.o., with its registered office at: Chalupkova 9, 819 44 Bratislava, Company ID: 00 685 852, registered in the Commercial Register of the Municipal Court of Bratislava III, Section: 278/B (hereinafter referred to as the "Company" or the "Controller"), is governed by the General Terms and Conditions of Messer Tatragas, spol. s r.o. (hereinafter referred to as "GTC").

The Customer confirms that he/she agrees with the GTC which may be found on the second page of this Registration Sheet, has read them in their entirety and undertakes to comply with them.

The Company reserves the right to change the GTC. The Customer will have an opportunity to get acquainted with a new version of the GTC when collecting goods/items after the GTC have changed. The GTC are included in each receipt/delivery note. Therefore, by collecting goods/items after the GTC have changed, the Customer agrees with the new version of the GTC.

If the Customer collects medicines, he/she is obliged to notify Messer Tatragas, spol. s r.o. without undue delay of (i) any expiry of the authorisation to handle medicines granted to the Customer in accordance with the relevant legislation, and (ii) any facts that affect the Customer's authorisation to handle medicines.

Attachments: Extract from the Commercial Register Trade License

Power of attorney to represent the Customer, or authorization

If medicines are to be supplied to the Customer, one of the following documents shall be attached:

establishment document of the health care facility (permission to provide health care),
in the case of a healthcare provider, or

prescription or prescription confirmation from a doctor, in the case of a patient.

**Registration of electronic invoicing (mandatory field) according to the relevant clause of GTC:
Recipients of electronic invoice(s):**

Name: _____ E-mail _____ Tel _____

Name _____ E-mail _____ Tel _____

If you have any questions about electronic invoicing, please call us on 02/502 54 460 or 02/502 54 455.

E-mail contact for sending other electronic documents, e.g. delivery notes:

Name: _____ E-mail _____

Name: _____ E-mail _____

We would like to inform you that we process the personal data listed in the customer's registration form. More detailed information about the terms of processing the customer's personal data and/or the person acting on behalf of the customer or for the customer (on the basis of a power of attorney/authorization) is available on our website www.messer.sk in the Personal Data Protection section.

In the case of registration in person at the point of sale, you have the opportunity to familiarize yourself with the information on the terms of personal data processing through the information document posted on the information board of the point of sale.

In _____, on _____ Customer's signature: _____

(legible name and surname of the signatory as well as his/her function)