

Site, Date

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Takeover Declaration

PDF FORM - FILL IN AT YOUR COMPUTER

| I / we declare that we | will take over / have taken over the medical office / facility |
|------------------------------|--|
| Name/Adress of the facil | ity: |
| with effect from | (date of take-over) |
| The new data for this | site / facility are included in the form "Data of Health Care Facility" |
| O I / we enter into | the existing License Software Agreement with the PeriData Software GmbH or. |
| O A License Softw GmbH. | are Agreement already exists between me / us and the PeriData Software |
| ☐ The existi | ng agreement is also valid for the new site. |
| O I / we conclude a | a new contract. The completed form is attached. |
| | the information provided. I am authorized to sign for the above institution. |
| | |

Signature + Stamp