



MINISTERSTVO ZDRAVOTNICTVÍ
ČESKÉ REPUBLIKY

Registr. číslo	PŘÁVNÍ ODBOR
	05 7 8 / 2 0

ORDER 193/FFP2/MZ-PRO/2020

Purchaser: ČR - Ministerstvo zdravotnictví Právní odbor Palackého nám. 4 128 01 Praha 2 Tel: +420 224 972 173 Fax: IČO: 00024341 Bankovní spojení: 000000-0002528001/0710 IBAN: CZ43 0710 0000 0000 0252 8001	Supplier: RealityWorld s.r.o. U Reky 600 720 00 Ostrava – Hrabova Czech Republic Tel: [REDACTED] Email: [REDACTED] Bank Name on the invoice: Raiffeisenbank Czech Republic IBAN: CZ59 5500 0000 0060 0777 0005 SWIFT: RZBCCZPP
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SUBJECT: Medical face mask FFP2

QUANTITY: 60.000 pcs

UNITE PRICE: \$ 2,95 without VAT

TOTAL AMOUNT: \$ 177.000,- without VAT

PLACE OF DELIVERY: Skladový areál SSHR, Na Červeném Hrádku 1347, 264 01 Sedlčany, kontaktní osoba: [REDACTED] tel.: [REDACTED]

DATE OF DELIVERY: 30.3.2020

- 1) Please, confirm in writing upon receipt!**
- 2) The Supplier is obliged to pay a contractual penalty of 2,5 % of the total contract volume to the Purchaser for each day of delay of the ordered goods to the place of delivery.**
- 3) The Supplier shall provide a detailed specification of the delivered goods (number of pieces, number of pieces in a package, number of boxes, number of pallets, gross**





weight, etc.) to e-mail address [REDACTED], phone [REDACTED] no later than
24 hours before delivery to the place of delivery.

Contact person: [REDACTED], Director, legal department, e-mail: [REDACTED]
phone [REDACTED] Ministry of Health of the Czech Republic

Person acting on behalf of [REDACTED] Mgr. Jan BACINA [REDACTED]

Approved by [REDACTED]

[REDACTED] Signature (Purchaser):

Signature (Supplier):

Stamp:

MINISTERSTVO ZDRAVOTNICTVÍ
poštovní zřízení
Palackého náměstí č. 4
128 01 PRAHA 2
-49-

Stamp:

Date: 27. 03. 2020

Date

Invoice to be sent to Ministry of Health, Palackeho 4, 128 01 Prague 2, Czech Republic and to
e-mail address [REDACTED]. Please write number of Order and the name of Purchaser.

