



MINISTERSTVO ZDRAVÍ

Registr. číslo	ČESKÁ REPUBLIKA PRÁVNÍ ODBOR 0816/20
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ORDER 266/FFP2/MZ-PRO/2020

Purchaser:

**ČR - Ministerstvo zdravotnictví
Právní odbor
Palackého nám. 4
128 01 Praha 2**

Tel: [REDACTED]

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

SUBJECT: Medical face mask FFP2

QUANTITY: 940.000 pcs

UNITE PRICE: \$ 2,95 without VAT

TOTAL AMOUNT: \$ 2.773.000,- without VAT

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

DATE OF DELIVERY: 1.4.2020

- 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

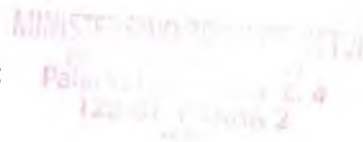
Person acting as purchaser: Mgr. Jan BACINA [REDACTED]

Approved: [REDACTED]

[REDACTED] purchaser):

Signature (Supplier):

Stamp:



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.

