

Order Form

MetaOptima Technology Inc. Order Form Number: PO - CNSC - 01 Suite 1050, 1185 West Georgia Street, Vancouver, BC V6E4E6 Delivered To: The Institute of Health Information and Billed To: The Institute of Health Information and Statistics of the Czech Republic Statistics of the Czech Republic, National Screening Centre Subscriber (Clinic Name): The Institute of Health Subscriber (Clinic Name): National Screening Centre Information and Statistics of the Czech Republic Contact Name: IN: 00023833 Address: Kounicova 688/26, 602 00 Brno, Czech VAT ID: CZ00023833 Republic Address: Kounicova 688/26, 602 00 Brno, Czech Republic Billing Method: Email Billing Period: one time, after receiving the goods Currency: EUR based on the delivery protocol Payment Method: Bank Transfer Payment Term: Due Upon Receipt

This MetaOptima Order Form and any other Order Forms that reference this Order Form are governed by DermEngine Terms of Use found at a unless Client and MetaOptima have entered a written governing Master Service Agreement, in which case such written agreement will govern). Information regarding MetaOptima's Privacy Policy found at also govern the services. Information regarding DermEngine's tools and features can be found at our Knowledge Base

SERVICE	BILLING PERIOD	QUANTITY	MONTHL Y PAYMEN T	TOTAL PAYMENT
MoleScope II - Mobile Dermatoscope	One Time	12		€3.000,00
Total Device Order	SAME TO SET			€3.000,00

If MetaOptima has the legal obligation to pay or collect taxes for which the customer is responsible, the appropriate amount shall be invoiced to and paid by the customer, unless a valid tax exemption certificate authorized by the appropriate taxing authority is provided to MetaOptima.

Accepted and agreed as of the date specified below by the authorized representative of Subscriber.

Signature:			
Print Name: Ing. Jan Linda			
Date:	1 1000		

The Services will be activated within 48 hours of order signature or DermEngine Service Effective Date, whichever is later.