**Attachment 3: Acceptance of PHARMAC Standard Terms and Conditions for Medical Devices Parts 1-7**

### 

### Proposal for the Provision of Negative Pressure Wound Therapy Products

**[Company name]** declares the following:

I have read and understood the proposed PHARMAC Standard Terms and Conditions for Medical Devices Parts 1-7 (Attachment 2) and **agree/disagree** with the terms and conditions of contract.

I have provided detailed comment about all terms and conditions we do not agree with in the Table below:

Signature(s):

Name:

Position:

Date:

Additional rows can be added to the Table below as required

|  |  |
| --- | --- |
| **Clause Number** | **Comments** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |