

INFORMATION FORM

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| Institution name* | American Heart of Poland S.A. |
| Address | ul. Sanatoryjna 1, 43-450 Ustroń |
| KRS | 0000398373 |
| NIP | 548-22-77-894 |
| Bank name | It will be given at the stage of contract negotiation |
| Bank account number | It will be given at the stage of contract negotiation |
| Agreement type | Tripartite (Sponsor, Center, Researcher) |
| Clinic | Depending on the place of conducting the study, enter the name of the appropriate PAKS clinic. |

In the contracts, please include the following provision regarding data about the center:

American Heart of Poland S.A. with headquarters in Ustroń at ul. Sanatoryjna 1, 43-450 Ustroń, Poland, entered into the register of entrepreneurs kept by the District Court in Bielsko-Biała, 8th Commercial Division of the National Court Register, under KRS number 0000398373, NIP number: 548-22-77-894, share capital in the amount PLN 28 005 750.00, paid in full, represented by:

.....

operating a medical facility under the name: *The appropriate name of the PAKS center*