

FixHepC Buyers Club Pty Ltd
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Fax: +61 (0)3 6285 8042
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To whom it may concern

I, (name).....

of (address)

.....

give authorisation for FixHepC Buyers Club Pty Ltd to undertake the following on my behalf in regard to my treatment:

1. Order from reputable suppliers **84** tablets containing (please indicate with a [x])
[] **Sofosbuvir** 400mg + **Daclatasvir** 60mg **or**
[] **Sofosbuvir** 400mg + **Ledipasvir** 90mg
2. Have the above medication delivered to my nominated address.

I understand the amount paid to FixHepC Buyers Club by me, will be held in trust and used to cover the purchase, packaging, shipping and handling of the medications I have requested.

I acknowledge that the Buyers Club exists solely to facilitate my personal access to medications that my doctor and I have decided are appropriate to help treat my condition and have included my doctors prescription.

These medications are not Gilead licensed however our testing has demonstrated them to be accurate copies that provide clinical results in line with expectations.

I am over 18 and my birthdate is

Signed

Date

Email(printed and legible to ensure we can email you)

Phone(legible to ensure we can phone you, if required)

Information on cost of treatment is available on the FixHepC web site, and is dependent on treatment duration and medication type.

Payments can be made via wire transfer to:

Bank: Westpac Bank
Account Name: FixHepC Buyers Club Pty Ltd ABN 36608192936
Account Designator: Trust Account
Bank Address: Wellington Centre, 15/60 Liverpool Street, Hobart TAS 7000, Australia
Home Branch Name: Hobart Office
BSB: 037001
Account No: 689777
SWIFT: WPACAU2S

IDENTIFY YOUR PAYMENT WITH YOUR NAME or DOB – OTHERWISE WE CAN NOT IDENTIFY IT