**Notification on Use of Sub-Distributors**

The undersigned, representative of “Your Company Name”, confirms on behalf of the Company that in accordance with the Distribution Agreement executed between the Company and Medtronic effective [DATE] (the “Agreement”) the below sub-distributors are proposed by the Company to provide activities under the Agreement.

**Information of the Sub-Distributor(s):**

Full Name:

Business Address:

Business Registration Number:

Contact Person:

Activities to be Provided:

Rationale of Appointment:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For and on behalf of ”Your Company Name”

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_