

DNK-Pay02-F01
 Effective Date: 07-Aug-2023
 Superseedes: 01-Jan-2023

Payment Form



Pfizer ApS
 Lautrupvang 8
 DK-2750 Ballerup
 Tlf.: 44 20 11 00
 Fax: 44 20 11 01
 www.pfizer.dk
 CVR.nr. 66351912

Sjældne Diagnoser
 Blekinge Boulevard 2
 2630 Taastrup
 Denmark

Pfizer Danmark

Payment Form

Date:	29. February 2024	MAPP-170654
Concerning:	Donation til støtte Sjældne-dagen 29. Februar 2024	

Filled in by recipient

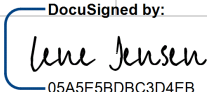
(Fill in the entire table)

Name	Sjældne diagnoser		
Date of birth, year/ CPR no.	---	or VAT no.	20514892
E-mail	kim@sjaldnediagnoser.dk		
Telephone	33140010		
Contact Person	Kim Andersen		
Bank	Arbejdernes Landsbank		
Reg.no.	5333	Account no.	0244622
*Note			
IBAN no.	7853330000244622	Swift code	ALBADKKK

Payment

DKK

Donation	50.000
Travel time	---
Expenses (original or copy receipts enclosed)	---
Mileage allowance	km á 3,73 kr. ---
VAT	---

DocuSigned by:

 Signature _____ Date november 2, 2023
 05A5E5BDBC3D4EB...

***If the service is VAT taxable and if the beneficiary is subject to VAT, then the payment form must be supplemented by an invoice including VAT.**

Please note that Pfizer can only pay the above amount if the payment form is returned within 6 months after the activity.

Name, address and telephone : Recipient (private person or company/hospital). We do not use your private address for marketing purposes.
 Date of birth/VAT no. Recipient (private person or company/hospital). Please note that Pfizer in certain circumstances are obliged to report the payment to the Danish Tax Authorities
 E-mail Recipient
 Contact person If the amount is paid to a company/hospital
 Note If the amount is paid to a company/hospital insert a comment if necessary
 IBAN / SWIFT code You can get these codes at your bank or at your statement of account from your bank.
 Expenses For instance parking, taxi, train etc. Please note that the original receipts have to be enclosed.
 Mileage Driving in own vehicle in accordance with current State rates.

Should you have any further questions regarding payment you are more than welcome to contact Pfizer Internal Support Team on telephone (+45) 44 20 1246 or e-mail pfist@pfizer.com

Certifikat for færdiggørelse

Kuvert-id: DF5A6BA1FC5D4056A85347A3474B5BE2

Status: Gennemført

Emne: Complete with DocuSign: Sjældne diagnoser-PaymentForm s1_2023-08-07.pdf

Kildekuvert:

Dokumentsider: 1

Underskrifter: 1

Kuvertskaber:

Certifikatsider: 4

Initialer: 0

Alena Jensen

Autonavagation: Aktiveret

Pfizer Accounts Payable

Kuvertstempling: Aktiveret

PO Box 34600

Tidszone: (UTC-07:00) Mountain Time (US & Canada)

Bartlett, TN 38184-0660

Alena.Jensen@pfizer.com

IP-adresse: 168.224.160.14

Sporing af poster

Status: Original

Ihændeager: Alena Jensen

Sted: DocuSign

31-10-2023 06:37:19

Alena.Jensen@pfizer.com

Hændelser for underskriver**Underskrift****Tidsstempel**

Lene Jensen

lj@sjældnediagnoser.dk

Sikkerhedsniveau: E-mail, Kontogodkendelse (ingen)

DocuSigned by:

 05A5E5BDBC3D4EB...

Sendt: 31-10-2023 06:39:37

Vist: 02-11-2023 07:43:02

Signeret: 02-11-2023 07:43:20

Vælg underskrift: Forudvalgt stil

Brug af IP-adresse: 152.115.40.130

Oplysninger om elektroniske poster og underskrifter:

Acceperet: 02-11-2023 07:43:02

Id: a0e31bed-8cd9-437e-acc0-cc411e327038

Hændelser for personlig underskriver**Underskrift****Tidsstempel****Hændelser for redaktørlevering****Status****Tidsstempel****Hændelser for agentlevering****Status****Tidsstempel****Hændelser for midlertidig levering****Status****Tidsstempel****Hændelser for certificeret levering****Status****Tidsstempel****Hændelser for kopi (cc:)****Status****Tidsstempel****Vidnehændelser****Underskrift****Tidsstempel****Notarhændelser****Underskrift****Tidsstempel****Hændelser for kuvertoversigt****Status****Tidsstempler**

Kuvert sendt

Med hash/krypteret

31-10-2023 06:39:37

Leveret certificeret

Sikkerhedskontrolleret

02-11-2023 07:43:02

Signering fuldført

Sikkerhedskontrolleret

02-11-2023 07:43:20

Gennemført

Sikkerhedskontrolleret

02-11-2023 07:43:20

Betalingshændelser**Status****Tidsstempler****Oplysninger om elektroniske poster og underskrifter**

Pfizer Inc. - Electronic Record and Signature Disclosure

Pfizer Colleagues:

- Please do NOT check the “I agree to use electronic records and signatures box UNTIL you have read Pfizer’s Electronic Record Policy.
- Please select from the links below to view the relevant Pfizer Electronic Record Policy.
- Mexico Colleagues: [Pfizer - Electronic Record and Signature Disclosure Mexico Spanish 12082020](#)
- All Other Colleagues: [Pfizer - Electronic Record and Signature Disclosure 10.1.19](#)

External/Non-Pfizer Signers:

- Do NOT check the “I agree to use electronic records and signatures” box UNTIL you have read Pfizer’s Electronic Record Policy found below.

Pfizer Inc. - Electronic Record and Signature Disclosure

Via your internet browser, you will be able to complete, review, and even print documents you will electronically sign using only your web browser via the link sent to you in your e-mail. You only need a computer with internet access to use the electronic process. If you have trouble with this process, please contact your HR Coordinator for assistance.

Before Pfizer, Inc. (“Pfizer”) can accept your electronic signature for personnel documents and agreements related to your employment or prospective employment, you should be aware of the following information and must affirmatively agree to the following:

1. If you proceed, you are agreeing to complete this process electronically.
2. Your responses to all questions throughout the electronic process will be recorded and made part of your electronically signed documents and employment record.
3. You have the option to complete this process using the traditional paper and signature process. You must contact your HR Coordinator, if you wish to sign your documents and agreements in ink. Please note, if you elect to utilize the traditional paper and signature process, it will slow the speed at which we can complete certain steps in the employment or prospective employment process because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices of disclosures.
4. To use this process, you will use the secure link sent to you via your e-mail and the uniquely assigned password. You must keep this login information confidential as it can be used to electronically sign additional documents.

5. You acknowledge it is a violation of Pfizer policy to execute a document with an electronic signature of someone other than yourself, which could result in discipline or non-hire.
6. You can review and print the documents you signed electronically at any time by going to your worker documents in Workday. To do so, type “worker documents” in the Workday search bar and select “Maintain My Worker Documents.”
7. You have the right to request a paper copy of any documents you signed electronically.
8. You will be provided with an electronic copy of all signed documents via your e-mail.

By clicking on the “I agree to use electronic records and signatures.” box, you acknowledge and agree to all of the following:

- I have read and understood the foregoing;
 - I agree to proceed with using my electronic signature to sign personnel related documents and agreements and realize that the personnel-related documents and agreements that I may be asked to sign can affect substantial personal rights;
 - I agree that my electronic signature is the equivalent of a manual signature in signifying my acceptance and agreement to a document or agreement, and that Pfizer may rely on my electronic signature as such in connection with any and all documents and agreements I electronically sign;
 - I agree that my electronic signature in this process will consist of my typed name and my adopted DocuSign signature, which Pfizer will accept as my electronic signature.
 - I acknowledge and agree that I will utilize my Pfizer assigned email to complete the electronic signature process and will notify my HR Coordinator if my Pfizer assigned email should change;
-
- I have the necessary hardware/software to complete the process;
 - I acknowledge that Pfizer will process personal information in accordance with Pfizer’s Privacy Policy which can be found at <https://www.pfizer.com/Privacy>.
 - I acknowledge and agree that it is my obligation to immediately advise Pfizer in the event that I withdraw my consent to use electronic means to sign personnel documents and agreements (if applicable) by sending an email with my withdrawal request to the Pfizer HR Service Center, [866-476-8723](tel:866-476-8723), pfizerhrservicecenter@pfizer.com;
 - I agree that in the event I withdraw my consent, any documents or agreements I electronically signed prior to Pfizer receiving notification of my withdrawal will be considered validly executed and the withdrawal of my consent does not apply retroactively;
 - I acknowledge and agree that in the event that any person known to me (whether it be a family member, member of my household, or otherwise) misappropriates any of the security devices connected with my Pfizer login/email/electronic signature account and such misappropriation could not reasonably be detected by Pfizer, Pfizer shall have the right to treat all resulting electronic signatures as though they were affixed by the person whose name is typed below;

- I acknowledge and agree that the individual completing this Electronic Record and Signature Disclosure is the individual whose name appears on the email account associated with this Consent and whose name is typed below.

If you understand, accept and agree to the policies, terms and conditions set out above, then click on the “I agree to use electronic records and signatures.” box to proceed to the next section of the personnel documents and agreements process. By clicking on the “I agree to use electronic records and signatures.” box you understand that your agreement will be recorded as your electronic signature and will be relied upon by Pfizer to the same extent as if you had signed this consent in ink. If you do not understand or accept or agree to the policies, terms and conditions set out above, then select “Other Actions” and then “Decline to Sign” and contact your HR Coordinator to complete documents in ink.

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