



ASSURANCE TECHNOLOGY PTE LTD

2 Venture Drive #25-01 Vision Exchange S608526

Tel: 6563 2435

www.eclinic.com.sg

Letter of Termination Agreement

Clinic Name: _____

Clinic Address: _____

Date of Application: _____

*** Our company will require minimum seven working days for first time data extraction.**

This application is to confirm that the clinic would like to terminate the usage of the Clinic Assist Web Application. The termination letter will effective on the date we receive this letter.

With this application you have authorize Assurance Technology Pte Ltd to access the clinic data for the purpose of Termination of Subscription of Clinic Assist Software.

On the First data return date, our company will make available to clinic a complete and secure (i.e. encrypted and appropriated authenticated) download file of Clinic Data in JSON file format which the company deem fit.

On the Final data return date, our company will make available to clinic a complete and secure (i.e. encrypted and appropriated authenticated) download file of Clinic Data in JSON file format along with attachments which the company deem fit.

After seven (7) days from the final extraction date, Assurance Technology and its hosted service provider shall have no obligation to maintain or provide any Clinic Data and shall thereafter, unless legally prohibited, delete in such a manner as prevents recovery through normal/laboratory means, all Clinic Data in its systems or otherwise in its possession or under its control.

Once the clinic's Clinic Assists Web Application is terminated, there will be no extension. Should you wish to extend to access our clinic assist web application for validation, please contact us at support@eclinic.com.sg for further discussion on the additional charges. Please email back this agreement or any other issue(s) in this regard.

Please be aware that accessing our software without authorization from incoming vendors is a copyright violation. We will seek congestion of minimum \$200,000.



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Please complete below

1. Incoming Vendor Name: _____
2. Termination Date and process

| | | | |
|-------------------|--|---|---|
| Items | First data return for analysis <u>without attachment</u> *2 Weeks before Termination Date | Final data return with attachment *Termination Date (Date shall not exceed the agreement end date) *Cut Off time will be 12PM sharp | Remove clinic data from server *One week validation will be given after Final data return |
| Date (DD/MM/YYYY) | | | 1 week after Termination Date |

****Please note that the date provided should fall within our company operating hours***

****Be aware that if notification to our company is less than seven working days, our company will only extract the data one time.***

****For final data return, please do not enter data into the CAS after 12 PM as data will not be included in the final extraction.***

****Data will be given within working hours Monday to Friday exclude public holiday (9 AM – 3 PM)***

Please be aware that it is necessary to fill out all fields for our company to process the form. Additionally, please note that once the form is submitted, no amendments or changes can be made.

Clinic Owner's Name & Signature

Clinic Stamp