

Terms and conditions

INTRODUCTION

This PAP program is designed for patients that been prescribed to use Abiratred[□] by their physician. The purpose of this PAP is to reduce the cost burden of medicine to patients in the journey of managing prostate cancer. PAP vendor for this program is granted to

TERAJU PHARMA SDN BHD

Address: 109, Jalan Kenari 23, Bandar Puchong Jaya, 47170 Puchong, Selangor, Malaysia.

Contact: 03-80748858 OR 011-5628 6175 **Fax:** 03-80748858

Email: william@terajupharma.com

Participation in this program is voluntary. At any time, patient may withdraw upon request without any prejudice to their healthcare.

PROGRAM

You will be entitled to redeem

FREE ONE BOX of Abiratred[□] with purchase of FOUR BOXES of Abiratred[□]

- The date of purchase can be of same day **OR** different dates.
- Patient need to fill up Patient redemption form along with physician's chop and sign on it.
- **Patient must provide**
 - a. Proof of purchase (receipt **OR** tax invoice)
 - b. Doctor's prescription (softcopy)
 - c. Photocopy IC / Passport OR any relevant documents (to provide ONE time only)
- **After that, please whatsapp to 011-56286175 OR email to terajupharma@gmail.com**

PLEASE TAKE NOTE: New Redemption Form is required to apply for every Free box of Abiratred[□]

Within two (2) weeks from the date of receive of the redemption form, the FREE OF CHARGE Abiratred[□] will be delivered to the respective hospital. Teraju Pharma are not responsible for and shall not be liable for any late, lost, delayed, damaged, incomplete or ineligible Redemption form. In the event any of these happen, you are required to submit a new Redemption Form. Teraju reserves the right to approve/decline my participation in Abiratred[®] PAP at its sole discretion without assigning any reason; Teraju reserves the right to amend, suspend or terminate the Abiratred[®] PAP at any time for any reason.

PHARMACOVIGILANCE

During the course of the PAP, if you experience any side effect associated with Abiratred[□], please report to your physician or Teraju Pharma at 03-80748858 / 011-5628 6175 or email william@terajupharma.com or terajupharma@gmail.com within 24 hours. Information reported shall include: suspect product information (drug, dose, route, date of administration), and details regarding the adverse event.

PERSONAL INFORMATION & PRIVACY POLICY

Pursuant to the Personal Data Protection Act 2010 ("PDPA"), Teraju Pharma Sdn Bhd are mindful and committed to the protection of your personal information and your privacy. Your personal data as provided in this form and any other personal data obtained thereafter may be processed for purposes of this PAP only.