



# New ULM Customer Account Application Form

Fax the completed form to 020 8238 6786 or email it to [orders@aliummedical.com](mailto:orders@aliummedical.com)

**Organisation Type (please tick appropriate)**

- Retail pharmacy     
  NHS     
  Private     
  Hospital Pharmacy\*\*

**GPhC Registration Number for the Premises\*:** \_\_\_\_\_

\* The registration number for the premises is required in order to verify the account information. We will be unable to proceed without this information.

\*\* If Hospital premises is not registered with GPhC please enter Pharmacist registration.

**Wholesalers WDA Licence Number\*:** \_\_\_\_\_

\* The licence number for the premises is required in order to verify the account information. We will be unable to proceed without this information.

**Surgery/Clinic GMC Registration\*:** \_\_\_\_\_

\* The GMC registration number is required in order to verify the account information. We will be unable to proceed without this information.

**Other, Please Specify:** \_\_\_\_\_

**Authorisation to Receive Medicinal Product\*:** \_\_\_\_\_

\* Please detail information of your licence/registration or authorisation to receive medicinal product. We will be unable to proceed without this information.

<b>Name of Organisation</b>	
<b>Contact Name</b>	
<b>Position / Title</b>	
<b>Delivery Address</b> <i>This must be the address authorised to receive medicinal product</i>	
<b>Invoice Address</b> <i>If different from above</i>	
<b>Telephone Number</b>	
<b>Fax Number</b>	
<b>Email</b>	

Note - By submitting this form to us, you hereby agree to our terms and conditions as set out on our website at [www.aliummedical.com](http://www.aliummedical.com)

**For Alium Medical Limited Use Only**

**Licence/registration Verified By:**

Print and Sign

Date

**QA Approval:**

Print and Sign

Date

**SAGE Updated By:**

Print and Sign

Date

**Account Number**

**Our contact Information:** Alium Medical Limited, 6 Delta Court, Manor Way, Borehamwood, WD6 1FJ  
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