

Account Number

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QA/FORM/016.01

Effective date: 08 Jul 2019

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New Customer Account Application Form

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

Currency: GBP £ USD \$ EUR €

Business Type: Wholesaler Hospital Pharmacy Hospital Pharmacy
 Manufacturer Service Provider Doctor

Licence Information (please tick appropriate and attach copies)

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.

GDP Certificate number: _____

CD licence Number: _____

Other (e.g. GPhC number, ISO please specify): _____

Bank and Company details

Company Registration number	
VAT number	
Bank Name	
Account number	
Sort code	

Contact Details

Primary Contact	Name:	
	Telephone	
	Email	

Quality Contact	Name:	
	Telephone	
	Email	

Accounts Contact	Name:	
	Telephone	
	Email	

Out of Hours	Name:	
	Telephone	

Form completed and signed by:		Date:	
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Note - By submitting this form to us, you hereby agree to our terms and conditions as set out on our website at <http://www.aliummedical.com>
Email the completed form to qualityassurance@aliummedical.com or fax to +44 20 8238 6786

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Licence/registration Verified By:	QA Approval:	SAGE Updated By:
Print and Sign	Print and Sign	Print and Sign
Date	Date	Date

Our contact Information: Alium Medical Limited, 7 Capital Business Park, Manor Way, Borehamwood, Herts, WD6 1GW
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