


Form Title			
Customer Account Application Form			
SOP ID	QA/FORM/016.01	Version	007
Effective Date	28-Jul-2025	Review Date	28-Jul-2027

Account Number		CT* <input type="checkbox"/>	ULM <input type="checkbox"/>	INT <input type="checkbox"/>
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*CT Customers are required to complete an End User Declaration QA/FORM/016.08

Customer Details			
Company Name			
Main Contact No.		Enquiries email	
Website address			
Company Reg. No.		VAT No	
Delivery Address <small>Authorised to receive medicines</small>			
Invoice Address			
Invoicing email address			
Statements email address			
If non-UK, currency to be invoiced	GBP £ <input type="checkbox"/>	USD \$ <input type="checkbox"/>	EUR € <input type="checkbox"/>

Customer Authorisation to Receive Medicinal Product			
<small>Please complete all relevant details</small>			
Wholesaler/Manufacturer	Licence No.		
Pharmacy	Registration No.		
Hospital	NHS/Government Registered <input type="checkbox"/>	Private Hospital <input type="checkbox"/>	
Surgery/Clinic (Doctor/Dentist)	Registration No.		
Other, please provide details			
If non-UK company, website of licensing authority			
Do you hold a controlled drugs/narcotics/poisons authorisation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Registration No.		Expiry Date	
Please provide copies of licences and certificates listed above to verify the new account. If your licence/registration is non-English, please provide notarised translations.			

Customer Contact Details		
Quality Assurance <small>Qualified Person, Pharmacist or Responsible Person</small>	Name	
	Contact no.	
	Email	
Account Manager	Name	
	Contact no.	
	Email	

Customer Declaration	
I confirm that the information provided is correct and agree with the Alium Medical Limited terms and conditions set out at www.aliummedical.com .	
Name	Date

Once completed please email the completed form and supporting documents to quality@aliummedical.com

Alium Internal Use Only	
QA confirmation that the information provided has been checked and customer account is approved.	
Signature	Date
Account confirmation that Sage update is complete.	
Signature	Date

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