



|  |                          |  |                           |                                     |
|--|--------------------------|--|---------------------------|-------------------------------------|
|  | <b>Form No:</b><br>002.1 | <b>Form Name:</b><br>Customer<br>Account Opening | <b>Version No:</b><br>1.0 | <b>Effective date:</b><br>July 2023 |
|--|--------------------------|--|---------------------------|-------------------------------------|

**This Customer Account form is mandatory, and all Sections in Dark Blue must be complete.**

Please select your Account Type first and then complete the relevant section for your type of account. ( [Section in Light Blue](#) )


|            |    |          |       |
|------------|----|----------|-------|
| Wholesaler | GP | Pharmacy | Other |
|------------|----|----------|-------|

| Information required                | Customer information |
|-------------------------------------|----------------------|
| Registered company name             |                      |
| Registered address                  |                      |
| Warehouse address<br>(If different) |                      |
| Telephone number                    |                      |
| Out of hours telephone number       |                      |
| Email address                       |                      |
| Website                             |                      |
| Company Registration Number         |                      |
| VAT number                          |                      |
| Opening hours                       |                      |


|  |                          |  |                           |                                     |
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1- Contact information:

| <b>Wholesaler</b> <i>(attach a copy of your licence and GDP certificate)</i> |  |
|--|--|
| <b>WDA(H) name</b>   | <b>Site number</b>   |
| <b>Responsible Person name</b>   | <b>Quality Department contact</b>  |
| <b>Telephone number</b>  | <b>Telephone number</b>  |
| <b>Email address</b>   | <b>Email address</b>   |
| <b>Please tick the boxes which confirms your Scope of Authorisation</b>      |  |
|  | 1.1 - With "an authorisation" (a UK, Great Britain or Northern Ireland Marketing Authorisation, an Article 126a authorisation, a certificate of registration or traditional herbal registration)   |
|  | 1.2 - Without "an authorisation" (a UK, Great Britain or Northern Ireland Marketing Authorisation, an Article 126a authorisation, a certificate of registration or traditional herbal registration) in GB or EEA and intended for the UK market  |
|  | 1.3 - Without "an authorisation" (a UK, Great Britain or Northern Ireland Marketing Authorisation, an Article 126a authorisation, a certificate of registration or traditional herbal registration) in the UK and not intended for the UK market |
|  | 1.4 - With a Marketing Authorisation in EEA member state(s) and intended for the GB parallel import market   |
|  | 2.1 Procurement  |
|  | 2.2 Holding  |
|  | 2.3 Supply   |
|  | 2.4 Export   |
|  | 2.5 Other Activities   |
|  | 2.6 Products imported from countries on a list   |
|  | 2.6a Products certified under Article 51 of Directive 2001/83/EC   |
|  | 3.1.3 Immunological medicinal products   |
|  | 3.2 Medicinal gases  |
|  | 3.3 Cold chain products (requiring low temperature handling)   |
|  | 4.1 Prescription Only Medicines  |
|  | 4.2 General Sales List   |
|  | 4.4 Pharmacy   |

|  |                          |  |                           |                                     |
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| GP   |  |   |  |
|--|--|---|--|
| Lead GP name                                       |  | GMC Registration number                     |  |
| Telephone number                                   |  | Email address                               |  |
| GP name  |  | GMC Registration number                     |  |
| Telephone number                                   |  | Email address                               |  |
| GP name  |  | GMC Registration number                     |  |
| Telephone number                                   |  | Email address                               |  |
|  |  |   |  |
| Pharmacy   |  |   |  |
| Pharmacy name                                      |  | Pharmacist GphC Registration number         |  |
| GPhC Premise Registration number                   |  | Telephone number                            |  |
|  |  | Email address                               |  |
|  |  |   |  |
| Prescribing Nurse                                  |  |   |  |
| Name   |  | NMC Registration number                     |  |
| Telephone number                                   |  | Email Address                               |  |
|  |  |   |  |
| Other (Chiropractor, Podiatrist, Optician, etc...) |  |   |  |
| Name   |  | Professional Healthcare Registration number |  |
| Telephone number                                   |  | Email address                               |  |
| Name   |  | Professional Healthcare Registration number |  |
| Telephone number                                   |  | Email address                               |  |
| Name   |  | Professional Healthcare Registration number |  |
| Telephone number                                   |  | Email address                               |  |

|  |                          |  |                           |                                     |
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| Purchasing/ Customer Service (if applicable) |  |                      |  |
|--|--|----------------------|--|
| <b>Name</b>                                  |  | <b>Title</b>         |  |
| <b>Telephone number</b>                      |  | <b>Email address</b> |  |

| Accounts/ Finance                        |  |                      |  |
|--|--|----------------------|--|
| <b>Name</b>                              |  | <b>Title</b>         |  |
| <b>Telephone number</b>                  |  | <b>Email address</b> |  |
| <b>Address (if different from above)</b> |  |                      |  |

2- Bank details

| Accounts/ Finance          |  |                       |  |
|----------------------------|--|-----------------------|--|
| <b>Account holder name</b> |  | <b>Bank name</b>      |  |
| <b>Address</b>             |  |                       |  |
| <b>Sort Code</b>           |  | <b>Account number</b> |  |

A Company Director or Partner must complete the section below:

**Declaration:**

I am authorised to sign and open an account with FARLA MEDICAL HEALTHCARE LTD and declare that the information provide on this account from is complete and accurate.

I confirm that I have read and accept the Terms & Conditions. I understand that these may be amended periodically. I also understand that all orders will be place on those terms (or any terms later adopted by the Company and notified in writing).

|                  |  |                 |  |
|------------------|--|-----------------|--|
| <b>Name</b>      |  | <b>Position</b> |  |
| <b>Signature</b> |  | <b>Date</b>     |  |

Once Your account has been approved, we will contact you in writing to process your orders.