**Please Fax to: +44 (0) 1923 839 983 or email to** **medicines@jolinda.co.uk**

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| **PART 1 TO BE COMPLETED BY THE CUSTOMER** |

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| --- |
| **Full Legal Registered Company Name**  |
|  |
| **Company Registration Number (Companies House)** |
|  |
| **Trading Name if Different to Registered Name** |
|  |
| **Address:** | **Post Code:** |
| **Contact Name:** |  | **Tel No:** |  |
| **e-mail:** |  | **Fax No:** |  |
| **Out of Hours Contact Name:****For emergency recalls and email** | **Name:** **email:**  | **Emergency Mobile Tel No:** |  |
| **Web Address** |  | **VAT No:****or N/A** |  |
| **Opening Hours for delivery** |  |  |  |
| **Accounts Department (if different from above)**  |
|  | **Post Code:** |
| **Contact Name:** |  | **Tel No:** |  |
| **e-mail:** |  | **Fax No:** |  |
| **Delivery Address (if different from above)**  |
| **Address:** |  |
|  **Post Code:** |
| **Contact Name:** |  | **Tel No:** |  |
| **e-mail:** |  | **Fax No:** |  |
| **Account Type (tick the relevant box and complete the appropriate registration number below) We can sell to GMC registered Doctors, Dentists, Pharmacies, Independent Prescribers either Pharmacist or Nurse and Wholesalers.**  |
| **Pharmacy** | **☐** | **Private Clinic** | **☐** | **GP NHS** | **☐** |
| **GPhC Premises Reg. No:** | **Lead GP Name(s):****GMC Reg. No(s):****Please use table** **below to add additional doctors at your practice** | **Lead GP Name(s):****GMC Reg. No(s):****Please use table below to add additional doctors at your practice** |
| **Pharmacist Name** |
| **IP Pharmacists GPhC Reg. No:** |
| **Wholesaler** **Please attach copy of license & GDP Certificate (all pages)**  | **☐** | **WDA (H) Licensed Product Categories****Please tick all that apply below** |  | **Prescribing Nurse** | **☐** |
| **WDA No or equivalent:****Site No:** | **☐ POM****☐ P****☐ GSL****☐ Unlicensed Medicines****☐ Cold Chain****☐ Blood Products****☐ Immunological Products****☐ With MA in EEA member state****☐ Without MA in EEA & intended for EEA market****☐ Without MA in EEA & not intended for EEA market****☐ Procurement****☐ Supply****☐ Holding****☐ Export** | **Name:****NMC Reg. No:** |
| **GDP Certificate & expiry date** |
| **Responsible Person:** |
| **Technical Agreement required?****☐YES****☐NO****If YES please complete & return with this form** |

**Additional GP Details for Your Organisation**

|  |  |  |  |
| --- | --- | --- | --- |
| **GP Name** | **GMC Registration No:** | **GP Name** | **GMC Registration No:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Yellow Fever Centre (if applicable)**

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| **NaTHNac Registration Nos** | **Verified by (for office use only)** |
|  |  |

**Registered with the CQC add name registered if different to above**

|  |  |
| --- | --- |
|  | **Verified by (for office use only)** |
| **Yes ☐****No ☐** |  |

|  |  |
| --- | --- |
| **Trade References (please supply two)**  | **New Accounts Only** |
| **Company Name** |  |
| **Address** |  |
| **Contact name and Position** |  |
| **Contact Phone / Email Address** |  |
| **Company Name** |  |
| **Address** |  |
| **Contact name and Position** |  |
| **Contact Phone / Email Address** |  |

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| --- | --- |
| **Bank Details (New Accounts Only)** | **New Accounts Only** |
| **Account Name** |  |
| **Bank Address** |  |
| **Sort Code** |  |
| **Account Number** |  |
| **IBAN** |  |
| **BIC** |  |
| **SWIFT** |  |
| **Account Currency** |  |

**An authorised employee must complete the section below and it must be signed by one of your prescribers if trading under GMC or NMC.**

**Declaration**

**I am authorised to sign and open/verify an account with Jolinda Medical Supplies Ltd and declare that the information provided on this form 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 placed on those terms (or any terms later adopted by the Company and notified in writing).**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Once your account has been approved/verified, we will contact you in writing and orders can then be processed.**

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| **PART 2 FOR OFFICE USE ONLY** |

**FINAL APPROVAL TO BE COMPLETED BY THE JMSL RESPONSIBLE PERSON**

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| --- |
| **Customer Risk Assessment** |
|  |
| **RESPONSIBLE PERSON APPROVAL** |
| **Approved**  | **Name:** | **Signature:** | **Date:** |