



New ULM Customer Account Application Form

Fax the completed form to 020 8238 6786 or email it to 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.

Name of organisation	
Contact name	
Position/title	
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	

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

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

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