


Form Title			
Customer Account Application Form			
SOP ID	QA/FORM/016.01	Version	006
Effective Date	20 Feb 2023	Review Date	28 Feb 2025

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

Customer Details				
Company Name	Company Name.			
Main Contact No.	Contact No.	Enquiries email	Email.	
Website address	Website Address.			
Company Reg. No.	Company Reg.	VAT No	VAT No.	
Delivery Address <small>Authorised to receive medicines</small>	Delivery Address.			
Invoice Address <small>If different from above</small>	Invoice Address.			
Invoicing email address	Email.			
Statements email address	Email.			
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.	Licence No.		
Pharmacy	Registration No.	Registration No.		
Hospital	NHS/Government Registered <input type="checkbox"/>	Private Hospital <input type="checkbox"/>		
Surgery/Clinic (Doctor/Dentist)	Registration No.	Registration No.		
Other, please provide details	Other Detail.			
If non-UK company, website of licensing authority	Licensing Website.			
Do you hold a controlled drugs/narcotics/poisons authorisation	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Registration No.	Registration No.	Expiry Date	Expiry.	
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	Name.
	Contact no.	Contact No.
	Email	Email.
Account Manager	Name	Name.
	Contact no.	Contact No.
	Email	Email.

Customer Declaration		
I confirm that the information provided is correct and agree to 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 qualityassurance@aliummedical.com

Alium Internal Use Only		
QA confirmation that 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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