

Customer Questionnaire Form

1. APPLICANT COMPANY DETAILS

Name of Applicant:		Date:
Position Within the Company:		
Company Name:		
Trading Name (where applicable):		
Companies Primary Business Activity:		
Company Reg No:	Company VAT No:	
Please provide PDF/Hardcopy of the following: Company Incorporation Cert, VAT Reg Cert		
Sales Contact Name:	Sales Contact Email:	
Accounts Tel No:	Accounts Email:	
Warehouse Operations Contact Name:		
Warehouse Tel No:	Warehouse Email:	
Head Office/Invoice Address:	Warehouse Address (if different to Invoice address):	
	Warehouse Operations Contact Name:	
Head Office Hours of Operation:	Goods In Hours of Operation:	

2. SIGNATURES

I am hereby authorised to sign and open an account with PharmaservicesEU LLP. I, an authorised member of this business, declare that all the information given on this account opening form is complete and accurate.
 I confirm that I accept the full PSEU Terms & Conditions and I also understand that these may be revised, as required, by PharmaservicesEU LLP. I understand that all orders will be undertaken in accordance with PharmaservicesEU LLP Terms and Conditions.
 A copy of PSEU Terms & Conditions is available upon request.

Signature:	Date:
Name (Print):	Position:

3. SALE TERMS AND CONDITIONS

PHARMASERVICESEU LLP SALE TERMS AND CONDITIONS SUMMARY:

- All goods purchased and sold are subject to PHARMASERVICESEU LLP Terms and Conditions. Please refer to full Terms & Conditions provided with account opening pack (also available upon request).
- The Buyer shall inspect the Goods immediately on delivery and shall have no claim in respect of any shortage in quantity or defect within three days of delivery.
- The title to these Goods remains with PHARMASERVICESEU LLP until payment of all amounts invoiced by the Seller and any sums outstanding have been paid

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4. REGULATORY CONTACT DETAILS AND WDA CHECKS

License Information will be cross checked with your country's Health & Regulatory body's database. A GDP Certificate, or your country's equivalent is required to open an account with Pharmaservices. Note: Please contact us immediately if you have any queries regarding documentation.

Name of Responsible Person (RP):

Responsible Person Email:

Responsible Person Tel:

WDA No:

Date Granted:

Expiry Date:

GDP No:

Date Granted:

Expiry Date:

WDA Attached: Y N GDP Cert: Y N Authenticated English Translation(s) Included: Y N/A

5. PHARMASERVICES BANKING INFORMATION

Bank Name & Address:

Barclays Bank PLC, 1 Churchill Place, London, E14 5HP

Account Name:

PharmaservicesEU LLP

Transaction Currency:

GBP

EUR

BOTH

OTHER

NOTE: PLEASE ENSURE THAT PAYMENT IS MADE TO THE CORRECT ACCOUNT – EITHER STERLING OR EURO

STERLING ACCOUNT DETAILS (GBP)

Account No: 90033820

Sort Code: 20-72-17

IBAN: GB08 BARC 2072 1790 0338 20

SWIFT/BIC: BARCGB22

EURO ACCOUNT DETAILS (EUR)

Account No: 65051500

Sort Code: 20-72-17

IBAN: GB71 BARC 2072 1765 0515 00

SWIFT/BIC: BARCGB22

PAYMENT TERMS: PROFORMA UNLESS OTHERWISE STATED. REFER TO PSEU PURCHASE ORDER.

6. PHARMASERVICES GOODS INWARDS/OUTWARDS DETAILS

Delivery Address (Unless otherwise instructed):

PharmaservicesEU LLP

Unit B3 Ground Floor

19 Heron Road

Belfast

BT3 9LE

Warehouse Hours of Operation:

8.30am – 4.00pm Monday - Friday

Contact Name: Mark Ingram

Contact No: 028 9099 4252

Note:

Please contact Goods In to inform of pending despatches prior to despatching goods. Refer to PSEU packing instructions.

Google Map Location: [PSEU LLP 19 Heron Road, Belfast](#)

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7. SOPS / GDP / TRAINING

	Yes	No	N/A
Do you work in accordance to an approved set of Standard Operating Procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a tested Product Recall procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a complaints procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a bone fide supplier list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide GDP training to appropriate staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you record staff training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. SITE VISITS / AUDITS

	Yes	No	N/A
Has any Health Authority or Regulatory Body inspected your premises in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you carry out a program of self-inspections on your premises and systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you approve PharmaservicesEU carrying out a site audit of your premises if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. LICENCED WAREHOUSE OPERATIONS

	Yes	No	N/A
Is all temperature monitoring equipment appropriately calibrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the goods storage area temperature controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the Goods Received / Despatch areas secure and suitably protected from adverse weather?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have pest control procedures in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. PRODUCTS

PHARMASERVICESEU LLP IS ONLY LICENCED TO WHOLESALe THE FOLLOWING PRODUCT CATEGORIES: P, POM AND GSL.

	Yes	No	N/A
Please confirm that you only supply product which are not restricted for export from the original country of origin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all products checked for counterfeit issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you operate a quarantine system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a product traceability system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>