

# Supplier 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. TRADE TERMS AND CONDITIONS

PLEASE READ ALL CONDITIONS CAREFULLY

- Please forward a copy of your trading Terms and Conditions for all products supplied to us by your company.
- PharmaservicesEU LLP Purchase Order number must be present on all transaction correspondence and invoices.
- All stock to be sold in accordance with the agreed prices, terms and delivery scheme.
- All orders must be booked in prior to delivery. Minimum of 24 hours' notice required.
- Please include a copy of your Delivery/Despatch docket, clearly displayed, on goods in a document wallet.
- Please notify us immediately of any shipping delay or if unable to supply against an order at all.
- Unless otherwise agreed orders will not be processed for payment until receipt of invoice.
- Any queries on the order must be addressed and resolved before any invoice can be processed for payment.
- All goods purchased and sold are subject to PHARMASERVICSEU LLP Terms and Conditions. Please refer to full Terms & Conditions provided with account opening pack (also available upon request).

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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. SUPPLIER BANKING INFORMATION

Bank Name & Address:

Account Name:

Account  
Currency:

Account No:

GBP

Sort Code:

EUR

IBAN

BOTH

SWIFT/BIC

OTHER

**SUPPLIER PAYMENT TERMS:**

### 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

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 WHOLESAL 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"/>