

New Credit Application & Authorisation to Purchase Medicines

<p>B. BRAUN THORNCLIFFE PARK SHEFFIELD S35 2PW Tel: (0114) 225 9000 Fax: (0114) 225 9111</p>		
<p>I/We apply to open a Credit Account with B. Braun, covering B. Braun Medical Ltd, B. Braun Avitum Ltd, B. Braun Sterilog Ltd, B. Braun Sterilog (Birmingham) Ltd and B. Braun Sterilog (Yorkshire) Ltd. I/We understand that your Credit Terms are NETT 30 Days, from date of invoice. I/We also acknowledge and accept the Conditions of Sale detailed on this application form. PLEASE ATTACH A COPY OF YOUR LETTERHEAD TO THIS APPLICATION</p>	Date	Please print your name here
	and state your position in your Company	
	If part of a group of companies, please give details	
	Please sign here	
Registered Name & Address	Trading Name & Address	
Postcode Tel: Email:	Co Reg No Fax:	Postcode Tel: Email:
		Fax:
Please indicate which applies? Unlimited/Ltd/PLC/Partnership/Govt Body	Nature of Business	
	VAT No.	
Invoice Name & Address (if different to Trading Address)	Delivery Name & Address	
Postcode Tel: Email:	Fax:	Postcode Tel: Email:
		Fax:
Buyer	Finance Director	
Name:	Name:	
Tel:	Tel:	
Email:	Email:	
Accounts Payable	Credit Limit required per Month	
Name:	£	
Tel:	Expected annual value of Purchases	
Email:	£	
<p>NOTE: To comply with the terms of our Wholesale Distribution Authorisation (Human & Veterinary), we are required to ensure that new customers requesting the supply of licensed medicinal products from B. Braun Medical Ltd provide evidence to support their entitlement to receive such products e.g. supplying a copy of their Wholesale Distribution Authorisation, Pharmacy Registration Number etc.</p>		

**New Credit Application &
Authorisation to Purchase
Medicines****Authorisation to Purchase POMs Form – HUMAN Medicines (POM)**

To comply with regulatory requirements B. Braun Medical Ltd is required to check that any customers purchasing Prescription Only Medicines - (POMs) are legally authorised to do so.

Please complete this form in full and return it to us at your earliest convenience to ensure that there are no delays to your orders for Prescription Only Medicines. **(Please note this page is for customers intending to purchase POMs for human use and under the Cascade Exemption, for veterinary medicines please see page 4 of this form).**

Name and address of Organisation: _____

Delivery Address*: _____

Please select one of the following *(please tick the relevant box and supply the information as requested)*:

I confirm that the organisation listed above is legally authorised to purchase Prescription Only Medicines for the following reason:

We have a full Wholesale Dealers Licence and our licence number is WL/WDA (H) _____
(Please provide a copy of your licence and Good Distribution Practice (GDP) Certificate for every approved site listed on the WDA)

I am a medical doctor and my GMC registration number is _____

I am a registered dentist and my GDC registration number is _____

We are a hospital or a registered pharmacy. Registration number: _____

I am a UK Practising Veterinary Surgeon registered with The Royal College of Veterinary Surgeons and my registration number is: _____ and all POMs are prescribed and administered under the Cascade Exemption**

Other professional status (provide details of registration): _____

Name: _____

Signed: _____ Date***: _____

**New Credit Application &
Authorisation to Purchase
Medicines****IMPORTANT INFORMATION – PLEASE NOTE:**

* B. Braun Medical Ltd will only deliver POMs to authorised addresses including authorised businesses, private hospitals and clinics. Requests for the delivery of POMs to residential addresses will NOT be accepted.

** Cascade Exemption – Please also provide a letter on practice/organisation letterhead which states "I confirm that the Human Prescription only Medicines purchased from your company are prescribed and administered under the cascade". These forms and the letter must be signed by the same veterinary surgeon, who must be a permanent member of staff.

***This form will be valid for up to 12 months from the date completed above. Should any of the information provided above change within this time please contact the Medical Affairs Department at B. Braun Medical Ltd as soon as possible to provide updated information as necessary. Any other enquiries relating to the supply of Prescription Only Medicines should also be directed to the Medical Affairs Department on 0800 298 0299.

The information you provide will be held in accordance with The Data Protection Act 2018 and The General Data Protection Regulation 2016 and used only for the purpose of verifying and evidencing your POM authorisation status. It may be shared with relevant health agencies upon their request as part of their inspection processes.

**New Credit Application &
Authorisation to Purchase
Medicines****Authorisation to Purchase POMs Form – VETERINARY Medicines (POM-V)**

To comply with regulatory requirements B. Braun Medical Ltd is required to check that any customers purchasing **Veterinary Prescription Only Medicines (POM-V)** are legally authorised to do so.

Please complete this form in full and return it to us at your earliest convenience to ensure that there are no delays to your orders for **Veterinary Prescription Only Medicines (POM-V)**.

Name and address of Organisation: _____

Delivery Address*: _____

Please select one of the following (*please tick the relevant box and supply the information as requested*):

I confirm that the organisation listed above is legally authorised to purchase Veterinary Prescription Only Medicines (POM-V) for the following reason:

We have a full Wholesale Dealers Authorisation and our licence number is WDA (V) _____
(Please provide a copy of your licence)

I am a UK Practising Veterinary Surgeon registered with The Royal College of Veterinary Surgeons and my registration number is: _____

Other (please provide details): _____

Name: _____

Signed: _____ Date**: _____

IMPORTANT INFORMATION – PLEASE NOTE:

* B. Braun Medical Ltd will only deliver POM-V medicines to authorised addresses including authorised businesses, private veterinary hospitals and clinics. Requests for the delivery of POM-V medicines to residential addresses will NOT be accepted.

**This form will be valid for up to 12 months from the date completed above. Should any of the information provided above change within this time please contact the Medical Affairs Department at B. Braun Medical Ltd as soon as possible to provide updated information as necessary. Any other enquiries relating to the supply of Veterinary Prescription Only Medicines should also be directed to the Medical Affairs Department on 0800 298 0299.

The information you provide will be held in accordance with The Data Protection Act 2018 and The General Data Protection Regulation 2016 and used only for the purpose of verifying and evidencing your POM-V authorisation status. It may be shared with relevant health agencies upon their request as part of their inspection processes.

Please email these forms to medinfo.bbmun@bbraun.com