**Logo, company name

Description automatically generated**New Customer and Verification Form

Please fill in all sections below, and return the completed form along with all relevant licences to [orders@veritonpharma.com](mailto:orders@veritonpharma.com)

By completing this form, you agree to accept our terms and conditions <https://www.veritonpharma.com/wp-content/uploads/2019/07/Veriton-Terms-and-Conditions-of-Supply-2019.pdf>

Please also complete the supply of unlicenced medicinal products declaration and return to [orders@veritonpharma.com](mailto:orders@veritonpharma.com)

|  |  |  |
| --- | --- | --- |
| **Customer Details** | | |
| **Type of account:** | NHS Hospital (UK)  Private Hospital (UK)  Hospital (EU)  Hospital (Outside EU)  Pharmacy | Wholesaler  GP  Dentist  Other, please specify:  Click or tap here to enter text. |
| **Company registered name:** |  | |
| **Trading name (if different to registered name):** |  | |
| **Company registration number:** |  | |
| **Company VAT number:** |  | |
| **VAT exempt?** | Yes No  (if yes, please attach VAT exemption certificate) | |
| **Website:** |  | |
| **Telephone number:** |  | |
| **Registered address:** |  | |
| **Invoice name:** |  | |
| **Invoice address:** |  | |
| **Email for invoices:** |  | |
| **Delivery name:** |  | |
| **Delivery address:** |  | |
| **Contact name:**  **Position:** |  | |
| **Contact email (for recall purposes):** |  | |

|  |  |
| --- | --- |
| **Licence Verification**  *Please fill in all relevant licence information* | |
| MHRA WDA(H) number: |  |
| GDP certificate number: |  |
| Home Office Controlled Drugs licence number (if ordering CDs): |  |
| Eudra: |  |
| GPhC premises number: |  |
| GPhC pharmacist number: |  |
| GMC number: |  |
| GDC number: |  |
| Other: |  |

|  |  |
| --- | --- |
| **Form completed by:** | |
| **Name**:  **Position**:  **Email**: | **Signed**:  **Date**: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Supply of Unlicenced Medicinal Products Declaration  An unlicensed medicinal product for human use may only be supplied to meet the special needs of an individual patient and should **NOT** be supplied where an equivalent licensed medicinal product can meet the special needs of the patient.  The responsibility for assessing whether a patient has ‘special needs’ which require the use of an unlicenced product lies with the prescriber (doctor, dentist, nurse, pharmacist independent prescriber) responsible for the patient’s care.  Veriton Pharma must be satisfied of the existence of a special clinical need for any unlicenced medicinal product supplied.  As an organisation that orders, or will order in the future, unlicenced medicinal products from Veriton Pharma, please complete the below declaration and return to [orders@veritonpharma.com](mailto:orders@veritonpharma.com)  **This declaration must be completed by an authorised, registered professional (eg. pharmacist, dentist, Responsible Person etc.)**  I confirm on behalf of [*insert company name and address*], that the prescriber is aware that:   * - There is a special clinical need for the unlicenced medicinal product that cannot be met by a licenced product * - The prescriber will report any Adverse Drug Reactions to Veriton Pharma, who will then contact the MHRA   By signing the below,   * + Retail pharmacies confirm that they will provide Veriton with written confirmation upon each order that there is a named patient prescription for the unlicenced medicinal product.   + Wholesalers confirm that they take responsibility to adhere and comply with all local regulations and guidelines prior to reselling/wholesaling the unlicenced product.  |  |  | | --- | --- | | Name: | Job role: | | Professional registration number: | Email address: | | Signature: | Date: | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FOR INTERNAL USE**  To be completed for new customers | | | | | | |
| HoD approval | Name: |  | Date: |  | Signature: |  |
| Account number |  | | | | | |
| QA approval | Name: |  | Date: |  | Signature: |  |
| Input on SAGE | Name: |  | Date: |  | Signature: |  |
| QA SAGE confirmation | Name: |  | Date: |  | Signature: |  |