

| Licence & Membership Details | | | |
|--|--|-----------------------------------|--|
| Company Reg No (If Ltd Co): | | VAT Number: | |
| GPHC Premises Number: | | WDA (please provide copy): | |
| PSNI Number: | | GDP (please provide copy): | |
| GMC Registration Number: | | CD Licence (please provide copy): | |
| No of Outlets purchased for by this account: | | | |
| Type (please circle): | Disp Dr / Pharmacy / Wholesale / Mixed (Pharmacies & Other) | | |
| Membership | None / Cambrian / Pharmaco / PharmAssist / Other (Please state): _____ | | |

| Buying Contact Details | | | |
|------------------------|--|--------|--|
| Name: | | | |
| Role: | | | |
| Telephone: | | Email: | |

| Delivery Address | | | |
|------------------|--|-------|-----------|
| Company Name: | | | |
| Trading Name: | | | |
| Address: | | | |
| | | | Postcode: |
| Contact Name: | | | |
| Telephone: | | Email | |

| Statement of Finance Details | | | |
|------------------------------|--|--------|-----------|
| Company Name: | | | |
| Trading Name: | | | |
| Address: | | | |
| | | | Postcode: |
| Contact Name: | | | |
| Telephone: | | Email: | |

| Bank / Building Society Details | | | |
|---------------------------------|---|-----------------|-----------|
| Account in the name of: | | | |
| Bank/Building Society Name: | | | |
| Address: | | | |
| | | | Postcode: |
| Sort Code: | | Account Number: | |
| *FRAUD PREVENTION | To protect Bestway Pharmacy NDC Ltd & its customers from fraud, businesses other than Sole-traders must provide additional written confirmation of bank/building society details from a second signatory/partner. Accounts cannot be opened until this confirmation has been received & verified. | | |

| Commercial Terms (Wardles only) | |
|---------------------------------|-----|
| Professional Fee: | £ . |

| Terms and Conditions | |
|---|------------------|
| <p>I wish to set up an account with the following (please tick the relevant box): Bestway Medhub <input type="checkbox"/> Wardles <input type="checkbox"/> Both <input type="checkbox"/> and acknowledge and agree that the said account(s) and all contracts for the supply of goods and/or services by Bestway Medhub and/or Wardles (as applicable) thereunder shall be on the standard terms and conditions of Bestway Medhub and Wardles respectively from time to time (and in respect of all Wardles contracts including the Self Billing Agreement), copies of which have been made available for my inspection before signing.</p> | |
| Print Name: _____ | Signature: _____ |
| Postion : _____ | Date: _____ |
| We recommended you keep a copy with your application | |