

CAVENDISH

Pharmaceuticals

Cavendish Pharmaceuticals

Customer Account Application / Amendment Form

Email completed forms to **CavendishTelesales@alliance-healthcare.co.uk**

Or post hard copy to:

Risk Admin

Cavendish Pharmaceuticals

43 Cox Lane

Chessington

KT9 1SN

For more information please visit our website:

www.otcdirectltd.co.uk or call us at **01942 684846**

Form Submitted By (Office use only):

Date of Application:

Cavendish Pharmaceuticals a trading name of OTC Direct Limited ("Cavendish Pharmaceuticals")

Section A: Customer Details

| | | | |
|--------------------------|--|------------------------|--|
| Registered Company Name: | | Trading Name: | |
| Company Number: | | NHS Licensee Name: | |
| Number & Street: | | Contact Name: | |
| Town: | | Superintendent: | |
| County: | | Superintendent Reg #: | |
| Postcode: | | Pharmacy Reg #: | |
| Telephone Number: | | VAT # (EU Cust. only): | |
| Fax Number: | | E-mail Address: | |

The email address and contact details may be used for business communication purposes.

Section B: Customer Profile (tick where applicable)

Pharmacy Internet Dispensing Doctor Hospital Wholesaler Exporter Other (Please specify):

Partnership Sole Trader Public Limited Private Limited Charity LLP Other (Please specify):

Have there been any County/High Court Judgments or insolvency proceedings against proprietors/directors/company within the last 3 years? Yes No

Sole Trader/Director Details

Second Sole Trader/Director Details

Full Name:

Full Name:

Section C: Account Profile

To set a relevant credit limit please estimate your monthly spend. **Leaving this blank may result in delay to your application** | £

Do you require Saturday delivery? Yes No

Do you have any other Cavendish/OTC Direct accounts? (if applicable, please state account number):

Do you have an Alliance Healthcare account? (if applicable, please state account number):

Section D: Authorisation

By signing and returning this application form, you consent to Cavendish Pharmaceuticals Limited using and keeping information provided by you or by third parties such as credit reference agencies, professional bodies and others named on this form relating to your application. This information may also be shared amongst the Alliance Healthcare group of companies for the purpose of account management. You agree and understand that it is your responsibility to inform Cavendish Pharmaceuticals (as soon as reasonably possible) if there are any changes in your circumstances which may have an impact on your application or the accuracy of the information that you have submitted to us.

Use of Data

Definitions:

Personal Data: means any information relating to an identified or identifiable natural person. An identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural, or social identity of that natural person.

Business Data: any data or information relating to your business including, but not limited to, details of your account with Cavendish Pharmaceuticals, your spend and products purchased from us or data collected on your Epos and/or PMR systems (to the extent applicable) and provided to Cavendish Pharmaceuticals.

1. **Personal Data:** Cavendish Pharmaceuticals will never sell your Personal Data to a third party.

2. **Pharmacy Data:** Notwithstanding 1. above, in respect of Business Data Cavendish Pharmaceuticals will be entitled to use, share or sell to third parties or publish any such data for its legitimate interests in such a way that individuals cannot be identified from the data.

3. Cavendish Pharmaceuticals will only process your Personal Data in accordance with applicable privacy laws and only to the extent required for Cavendish Pharmaceuticals to pursue its legitimate interests where Cavendish Pharmaceuticals believe your fundamental rights or freedoms would not be overridden.

4. Cavendish Pharmaceuticals may use your information to let you know about other products and services offered by Cavendish Pharmaceuticals and other companies, in the Alliance Boots Group, which Cavendish Pharmaceuticals think will be of interest to you.

5. Any questions about part D or how Cavendish Pharmaceuticals will process your Personal Data please contact Privacy@alliance-healthcare.co.uk For more information on privacy at Cavendish Pharmaceuticals please visit <http://www.otcdirecttd.co.uk/privacy-policy>.

Authorisation: I/We hereby apply for credit terms with Cavendish Pharmaceuticals. I/We confirm that we have read, understood and agree to be bound by your terms and conditions of sale. I/We confirm that all of the detail provided by me/us on this form is accurate and true to the best of my/our knowledge and belief.

Proprietor's/Director's Signature:

Name:

Date:

Section E: Buying Group Details

Failure to provide accurate buying group information may affect your payment terms

I/We am/are a member of, and am/are applying to benefit from the commercial terms offered by to, the Buying Groups detailed below:

Buying Group:

Buying Group Membership Number (if known):

• I/we acknowledge that Cavendish Pharmaceuticals will share with the Buying Group(s) detailed above information included in this form and any data relating to my/our purchases (including rebate information) from Cavendish Pharmaceuticals.

• I/we authorise Cavendish Pharmaceuticals to apply a marker on the above accounts stating the I/we are a member of the above stated Buying Group(s). This will override any previous marker which may have been on those accounts.

• I/we acknowledge that if my/our membership of any Buying Group ends for any reason, I/we must immediately inform you of this and will no longer be entitled to the commercial terms offered by OTC Direct to that Buying Group.

• I/we acknowledge that the commercial terms offered by Cavendish Pharmaceuticals are discretionary and are subject to change at any time.

• I/we understand that the information provided herein does not supersede or replace new account or change of terms documentation and is intended to clearly flag Buying Group association only.

• I/we understand that it is my/our responsibility to inform Cavendish Pharmaceuticals if I/we wish for my/our Buying Group(s) to be changed at a later date.

Proprietor's/Director's Signature:

Name:

Date:



43 Cox Lane, Chessington,
Surrey, KT9 1SN
Telephone 0800 169 2305
Fax 0800 169 6622

Instruction to your Bank or Building Society to pay by Direct Debit

| | | | | | |
|---|---|---|---|---|---|
| 6 | 9 | 5 | 4 | 0 | 9 |
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Please fill in the whole form using a ball point pen and send to:

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|---|
| Credit Control OTC Direct Ltd 43 Cox Lane Chessington Surrey KT9 1SN |
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Reference

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Name(s) of Account Holder(s)

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Instruction to your Bank or Building Society

Please pay OTC Direct Ltd Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with OTC Direct Ltd and, if so details will be passed electronically to my Bank/Building Society.

Bank/Building Society account number

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Branch Sort Code

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| |
|--------------|
| Signature(s) |
| Address |
| Date |

Name and full postal address of your Bank or Building Society

| |
|--|
| To: The Manager Bank/Building Society |
| Address |
| |
| Postcode |

Banks and Building Societies may not accept Direct Debit Instructions for some types of accounts

This guarantee should be detailed and retained by the payer



The Direct Debit Guarantee

- ❖ This Guarantee is offered by all Banks and Building Societies that take accept instructions to pay Direct Debits.
- ❖ If there are any changes to the amount, date or frequency of your Direct Debit OTC Direct Limited will notify you within 10 working days in advance of your account being debited or as otherwise agreed. If you request OTC Direct Limited to collect a payment, confirmation of the amount and date will be given to you at the time of request
- ❖ If an error is made in the payment of your Direct Debit, by OTC Direct Ltd or your Bank or Building Society, you are guaranteed a full and immediate refund of the amount paid from your bank or building society
- ❖ If you receive a refund you are not entitled to, you must pay it back when OTC Direct Limited asks you to