



**Sign-up and Data Release Form**

I/We am/are a member of, and am/are applying to benefit from the commercial terms offered by OTC Direct Limited (on behalf of itself and Cavendish Pharmaceuticals) (“**OTC Direct**”) to, the Buying Group detailed below:

**Account Name:** .....

**OTC Direct or Cavendish Account Number:** .....**Buying Group**\_\_\_\_\_

**Account Address:** .....

.....

**Post Code:** .....

- I/we acknowledge that OTC Direct Limited (on behalf of itself and Cavendish Pharmaceuticals) (“**OTC Direct**”) (as applicable) will share with the Buying Group detailed above information included in this form and any data relating to my/our purchases (including rebate information) from OTC Direct (as applicable).
- I/we authorise OTC Direct to apply a marker on the above accounts stating that I/we am/are a member of the above stated Buying Group. 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 OTC Direct 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 OTC Direct (as applicable) if I/we wish for my/our Buying Group to be changed at a later date.
- For more information on Privacy at Alliance Healthcare, please visit <http://www.alliance-healthcare.co.uk/privacy-and-security>

**PRINT NAME**.....

**Signature**..... **Date**.....

Once completed, please email this form to Natasha Woodham:  
Natasha.woodham@alliance-healthcare.co.uk