



**SIGMA**  
independent • together

# Account Opening Pack

Wholesale & Non Independent Pharmacy (UK)

**Please ensure you complete all relevant sections of this application form.**

## TERMS AND CONDITIONS OF SALE

Our Terms and Conditions of Sale are available on our website; [www.sigmaplc.com/working-together/terms-and-conditions-of-sale](http://www.sigmaplc.com/working-together/terms-and-conditions-of-sale), please ensure you read them carefully, as these are the contractual terms that will apply to all purchases which you make from **Sigma Pharmaceuticals Plc**. Please find below a **summary** of key points relating to deliveries and returns.

### Non-Delivery

Non-Delivery must be notified to **The Company** within **24 hours** of invoice date or advice of despatch.

### Deliveries

A minimal order value of £300 is applied to all orders. If an order does not meet the minimum order value, the order will be processed and a £30 handling, picking and dispatch charge will be applied.

### Returned Goods

Under MHRA Good Distribution Practice (GDP) rules and guidance **The Company** will **only accept** goods for return for the following reasons;

- To correct an error in delivery,
- In response to a product or batch recall instigated by a manufacturer,
- Where products or packages are alleged to be faulty

All products sold must be returned to the Company within **five working days** with proof of purchase. Products must be returned within **24 hours** with proof of purchase and the cold chain declaration must be signed on the returns note on which the goods were supplied.

Any **Schedule 2 Controlled Drugs** must have prior authorisation by designated personnel before products can be returned. **Controlled Drugs, Specials** and **refrigerated lines** returned without authorisation will be refused.

**In order to be considered for credit or replacement, the goods must be in re-saleable condition i.e. pharmacy price sticker, markings, patient labels etc and (if applicable) accompanied by the goods return note: including the following information;**

- The name, and address of the customer returning the goods and corresponding account code
- The quality and description of the goods
- The invoice number on which the goods were supplied
- The reason for the return
- Confirmation that Good Distribution Practice (GDP) conditions have been adhered to.

If a Customer returns or attempts to return a product to The Company that had not been supplied by The Company, The Company may charge Customer for its fees and costs at the current rates to cover The Company's costs.

## > A - Type of Customer

**A minimal order value of £300 is applied to all orders. If an order does not meet the minimum order value, The Company will be processed and a £30 handling, picking and dispatch charge will be applied.**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Wholesaler        | <input type="checkbox"/> Doctor's Surgery                | <input type="checkbox"/> Prison   |
| <input type="checkbox"/> Internet Pharmacy | <input type="checkbox"/> NHS Trust                       | <input type="checkbox"/> Smoking Cessation  |
| <input type="checkbox"/> Hospital          | <input type="checkbox"/> Veterinary Practice             | <input type="checkbox"/> Other Retail   |
| <input type="checkbox"/> Hospital Pharmacy | <input type="checkbox"/> Charity                         | <input type="checkbox"/> Care Homes   |
| <input type="checkbox"/> Mobility          | <input type="checkbox"/> Supplements/<br>Herbal Remedies | <input type="checkbox"/> Other Health Care Professional<br>(Chiropodist, Physio, Osteopath etc) |
| <input type="checkbox"/> Medical Devices   | <input type="checkbox"/> Other (Please specify) .....    |   |

### Reason for new account

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> New Contract | <input type="checkbox"/> Change of Legal Status | <input type="checkbox"/> New Ownership |
|---------------------------------------|---|--|

## > B - Other Business Information

**Please tick all that apply to you**

**All correspondence will be sent to the delivery address / site address unless you request otherwise.**

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> PLC (Public Limited Company)        | <input type="checkbox"/> LLC (Limited Liability Company) | <input type="checkbox"/> Sole Trader |
| <input type="checkbox"/> Other (Please specify) .....        |  |                                      |
| <input type="checkbox"/> Part of a group of businesses ..... |  |                                      |
| <input type="checkbox"/> Member of a buying group .....      |  |                                      |
| <input type="checkbox"/> Existing Sigma accounts .....       |  |                                      |

### Registration / Licence No. / Certificate Details:

(GPHc/GMC/WDA/Home Office CD Licence/CQC/RCVS/GDC/NMC/Charity Registration/other)

Copy of licence(s) registration supplied (tick box)

- |  |                               |                               |                              |   |
|--|-------------------------------|-------------------------------|------------------------------|---|
| <input type="checkbox"/> Home Office CD Licence (wholesale only) | <input type="checkbox"/> GPHc | <input type="checkbox"/> CQC  | <input type="checkbox"/> GDC | <input type="checkbox"/> Charity Registration |
| <input type="checkbox"/> WDA                                     | <input type="checkbox"/> GMC  | <input type="checkbox"/> RCVS | <input type="checkbox"/> NMC | <input type="checkbox"/> Other                |

No. ....



## > E - Address Details

You must complete all sections. Please use the continuation sheet to list any additional premises.  
Please note that any correspondence will be sent to the address listed below unless you advise us otherwise.

Delivery Name:

Site Address:

  


Postcode:

Name of Key Site Contact:  
(if applicable)

Invoice Address/Details if  
different from above :

  


Postcode:

## > F - Contact Details

**Your email address and contact details may be used for business purposes.**

Business Tel. Number:

Business Email:

Business Website:

Purchasing Contact:

Telephone Number:

Email Address:

Accounts Payable Contact:

Telephone Number:

Email Address:

**Please confirm who you would like to receive your invoices, credit notes and statements. If you select Email only, printed copies will not be supplied with deliveries.**

	Email only	Paper* only	Email and Paper*	
Invoices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Email for invoices, credits and statements .....
Credit notes*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Statements	<input type="checkbox"/>	<input type="checkbox"/>		

\* Note: Customers receiving deliveries by third party couriers will receive Credit notes by email ONLY



## > G - Credit facility required

We request a credit limit of:

(this amount should represent your estimate of 2 months gross sales)

Upon receipt of satisfactory references, we will inform you of the delivery schedules and telesales details, together with your account code. Your Sigma account code should be quoted in all correspondence.

## > H - Bank account details

Bank Name:

Account Name:

Sort Code:

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Account Number:

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## DATA PROTECTION AND GDPR

**Sigma Pharmaceuticals Plc** is committed to high standards of information security, privacy and transparency. We place high priority on protecting and managing data in accordance with current legislation. The company will comply with applicable GDPR regulations which came into effect on 25 May 2018. You can access our Privacy Policy on our website, [www.sigmapl.com](http://www.sigmapl.com), or you may request a copy by emailing our Data Protection Officer (DPO) on [dpo@sigmaplc.com](mailto:dpo@sigmaplc.com) or in writing to; **DPO, Sigma Pharmaceuticals Plc, HD House, Imperial Way, Watford, WD24 4LQ.**

If you have any questions regarding how to complete this application form, or the Terms and Conditions of Sale please don't hesitate to give us a call on **01923 332 900.**

## RETURNING YOUR FORMS TO SIGMA

### FAO; Customer Application Team



**Sigma Pharmaceuticals plc** • HD House • Imperial Way • Watford • Hertfordshire • WD24 4LQ • UK



**Fax:** 01923 332911



**Email:** [salesledger@sigmaplc.co.uk](mailto:salesledger@sigmaplc.co.uk)

## Customer Declaration

I/We have read and agree to be bound by Sigma Pharmaceuticals plc's Terms and Conditions of Sale. I/We understand that the latest version of the Terms and Conditions of Sale will be available at [www.sigmapl.com](http://www.sigmapl.com). I/We acknowledge that the account will be subject to a minimal order value of £300 is applied to all orders. If an order does not meet the minimum order value, the order will be processed and a £30 handling, picking and dispatch charge will be applied.

Signed by Proprietor/Director\*

Name and Position:

Date

 / 

\*Required signatories:

**Limited Company:**

A director of the company

**Sole Trader:**

The owner of the business

**Partnership:**

The partner applying for the account

**PLEASE NOTE:** ALL NEW ACCOUNTS WILL BE SUBJECT TO A STATUS AND A CREDIT CHECK - a credit search will be made with a credit reference agency which we will keep and share with our other businesses. We will also make enquiries about the credit worthiness of all Directors/Owners/Partners. After taking account of information supplied, Sigma have the right to deny.

If you have any questions concerning this application form or if you require any assistance with completing it, please contact our customer care team on **01923 331 409.**