



SIGMA
independent • together

Account Opening Pack

Export Customers (Non EU)

February 2019



NEW ACCOUNT APPLICATION FORM

We are very pleased that you have chosen to open a new account with **Sigma Pharmaceuticals plc**.

HOW TO COMPLETE YOUR APPLICATION

Please ensure that all sections are completed, whilst paying attention to any content that is relevant to your business in all requisite sections. If you have any questions regarding how to complete sections of this pack please don't hesitate to give us a call on **01923 332 905**

Our terms and conditions are available to view at; www.sigmaplc.com/working-together/terms-and-conditions-of-sale, please ensure you read them carefully, as these are the terms and conditions that will apply to each purchase you make.

If you wish to discuss any of the Terms and Conditions of Sale, please contact our export team. Please return a signed copy of the form as follows:

RETURNING YOUR FORMS TO SIGMA

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

 **Email:** export@sigmaplc.com



About your organisation

Tick any of the following that apply

Pharmacy

Charity

Wholesaler

Other

Hospital

Please complete either section A or B before filling in the rest of the form.

> A - Limited company / limited liability partnership

Organisation Name:

Registered Address:

Postcode:

Business Tel. Number:

Business Email:

Organisation/Charity Registration No.:

Copy of Charity registration supplied:

List of Directors:

(Please proceed to Section C to continue the application. Please complete all further sections.)

> B - Sole trader / ordinary partnership

Full Name:

Business Trading Name:

Home Address:

Postcode:

Business Tel. Number:

Business Email:

Date of Birth (DD/MM/YYYY):

Please list below the full name and date of birth of any other partners in the business. Please use the final page of this application form if you need additional space.

Full Name:

Date of Birth:

Full Name:

Date of Birth:

Full Name:

Date of Birth:

(Proceed to Section C to continue the application. Please complete all further sections.)



You must complete all sections. Please use a 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.

> C - Business Premises address (delivery address)

Site Name:

Site Address:

Postcode:

Business Tel. Number:

Business Email Address:

Name of key site contact.:

Wholesaler Dealer
Authorisation Number :
(if applicable)

Freight Agent Address:
(if applicable)

Postcode:

Purchasing contact:

Telephone number:

Email address:

Accounts payable contact:

Telephone number:

Email address:

Copy of WDA supplied (if applicable)

Pharmacist Licence

Copy of CD / Narcotics / Psychotropic Licence / Authorisation

> D - Other business information

Are you part of a group of businesses?

Yes

No

If yes please state

Do you have any existing accounts with Sigma?

Yes

No

If yes please state

> E - Bank account details

Bank Name:

Account Name:

Sort Code:

Account Number:

> F - Trade references (please supply two)

Company Name:

Contact:

Address:

Postcode:

Telephone:

Email:

Company Name:

Contact:

Address:

Postcode:

Telephone:

Email:



NEW ACCOUNT APPLICATION FORM

> Customer Declaration

I/We have read and agree to be bound by Sigma Pharmaceuticals plc's Terms and Conditions of Sale, which are available to view at www.sigmaplc.com/working-together/terms-and-conditions-of-sale.

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 keep hold of your copy of Sigma Pharmaceuticals plc's Terms and Conditions of Sale.

PLEASE NOTE: ALL NEW ACCOUNTS WILL BE SUBJECT TO A STATUS AND CREDIT CHECK - a credit search will be made with a credit reference agency which we will keep and share details with our other businesses. We will also make enquiries about the credit worthiness of all Directors/Owners/Partners. Please note all orders for Export customers are on a Proforma basis only.

If you have any questions concerning this application form or if you require any assistance with completing it, please contact our export team on **01923 332 905**.
