



SIGMA
independent • together

Account Opening Pack

Wholesale Suppliers

April 2019



About your organisation
(tick all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Wholesale (Human Products) | <input type="checkbox"/> Pre/Designated Wholesaler | <input type="checkbox"/> Medical Devices Supplier |
| <input type="checkbox"/> Supplements/Herbal Remedies | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Mobility Products |
| <input type="checkbox"/> Other: Please Specify: | | |

Section A - Limited company or limited liability partnership

Organisation Name:	<input type="text"/>		
Registered Address:	<input type="text"/>		
	Postcode:	<input type="text"/>	<input type="text"/>
Business Tel. Number:	<input type="text"/>		
Business Email Address:	<input type="text"/>		
Organisation Registration No.:	<input type="text"/>	Copy of Charity registration supplied:	<input type="checkbox"/>
Name of Responsible Person:	<input type="text"/>		
List of Directors/Members:	<input type="text"/>		

Please ensure you complete all sections, and 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.

Section B - Business Premises address (Warehouse address)

Site Name:	<input type="text"/>		
Site Address:	<input type="text"/>		
	Postcode:	<input type="text"/>	<input type="text"/>
Premises Tel. Number:	<input type="text"/>		
Premises/contact Email Address:	<input type="text"/>		
Name of key site contact:	<input type="text"/>		
Wholesale Dealer/Manufacturer Authorisation Number:	<input type="text"/>		
Sales contact:	<input type="text"/>		
Telephone number:	<input type="text"/>		
Email address:	<input type="text"/>		
Accounts Receivable contact:	<input type="text"/>		
Telephone number:	<input type="text"/>		
Email address:	<input type="text"/>		

- | | | |
|---|---|---|
| <input type="checkbox"/> Copy of WDA/MIA supplied (if applicable) | <input type="checkbox"/> Copy of Home Office CD Licence | <input type="checkbox"/> Translated & Notarised Documents |
| <input type="checkbox"/> Copy of Designated Wholesaler Contract/ Letter from Marketing Authorisation Holders (MAHs) | <input type="checkbox"/> Other | |



Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send it to:

Sigma Pharmaceuticals Plc Sue Chapman 1-7 Colonial Way Watford Herts WD24 4YR
--

Service user number

1	6	9	8	9	3
---	---	---	---	---	---

Name(s) of account holder(s)

Reference

Bank/building society account number

Instruction to your bank or building society

Please pay Sigma Pharmaceuticals Plc 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 Sigma Pharmaceuticals Plc and, if so, details will be passed electronically to my bank/building society.

Branch sort code

Name and full postal address of your bank or building society

To: The Manager Bank/building society
Address
Postcode

Signature(s)

Date

Banks and building societies may not accept Direct Debit Instructions for some types of account

DD12

This guarantee should be detached and retained by the payer.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit Sigma Pharmaceuticals Plc will notify you approximately 10 working days in advance of your account being debited or as otherwise agreed. If you request Sigma Pharmaceuticals Plc to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Sigma Pharmaceuticals Plc or your bank or building society, you are entitled to 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 Sigma Pharmaceuticals Plc asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.



SIGMA
independent • together

NEW ACCOUNT APPLICATION FORM

Supplier Declaration

For ALL accounts: I/we have read and agree to be bound by Sigma Pharmaceuticals plc Conditions of Purchase, (please refer to the enclosed document).

Signed by Proprietor/Director*

Name and Position:

Date

*Required signatories:

Limited Company:

Director or Secretary listed at Companies House only

Partnership:

Partner applying for account and responsible for payment only

Please retain your copy of Sigma Pharmaceuticals plc Conditions of Purchase and Responsibilities.

If you have any questions about this document, need help in completing the form or would like to speak to Sigma, please contact our buyer.

This section has been left blank intentionally should you need to list additional information from sections A and B. Please use this space and ensure you have included all elements for the relevant section.



TERMS AND CONDITIONS OF PURCHASE

- a) **The Supplier** holds appropriate licence, such as a wholesale licence and as such is authorised to supply products to **Sigma**. **Supplier** undertakes to maintain the appropriate Wholesale Licence Authorisations to Supply & Distribute Medicinal Products and Medical Devices. **Supplier** shall inform **Sigma** about any change or withdrawal of such authorisation without undue delay.
- b) **Supplier** shall notify **Sigma** of any inspections by a regulatory authority relating to an update/variation to a wholesale licence. Once **Supplier** Wholesale Licence has been updated, **Supplier** must send **Sigma** a copy of their new wholesale licence within 14 days.
- c) **Sigma** is responsible for maintaining a list of approved Wholesalers which have been authorised as sources to supply products. Product must not be sourced from an unauthorised supplier.
- d) **Inspections**
Supplier will give **Sigma** and the relevant regulatory agencies all possible assistance to satisfy themselves that **Supplier** have adequate premises, documented procedures and staff with sufficient knowledge and experience to take the relevant orders on behalf of **Sigma**.
- e) **Change Control**
Supplier will not make any major changes affecting the business of supply, distribution and marketing of Medicinal Products and Medical Devices which would materially affect **Sigma**.
- f) **Documentation**
Supplier will make available when requested, all documents/records relating to the orders taken and submitted to **Sigma**. Such info may include batch numbers, expiry dates, etc, but **Sigma** will not ask **Supplier** to reveal their suppliers.
- g) **Retained Records / Samples**
Supplier will be responsible for retaining all records relating to the supply and distribution of products sold to **Sigma** and that stored or distributed for a period of at least five years.
- h) **Procedures**
Supplier will maintain effective written procedures, which describe the different operations which may affect the quality of the products or the distribution activity; receipt and checking of deliveries, storage, cleaning and maintenance of the premises (including pest control), recording of the storage conditions, security of stock on site and in transit, withdrawal from saleable stock, records of orders, returned stock – all to be approved by the person responsible for the Quality System.
- i) **Complaints**
Product Quality Complaints received by **Sigma** will be reported to **Supplier** who will complete an investigation report within 30 working days. An investigation report specifying the corrective action to be taken will be issued to **Sigma** within 1 month, who will be responsible for informing the related customers of the outcome.

Sigma agrees to set up processes to ensure prompt collection/storage of Adverse Events and all types of safety data that may be reported to them.



j) **Product Delivery**

Goods will be delivered by **Sigma**; however in extreme circumstances **Sigma** will request couriers (e.g. DHL) to collect and deliver to **Sigma** and this will be communicated to the **Supplier**. Under no circumstances **Supplier** should supply goods to unauthorised delivery vans.

Supplier must ensure that the necessary verification (including counterfeit) checks are performed prior to supplying products to **Sigma**.

If the **Supplier** arranges delivery they must ensure that the products are transported in such a way that they reach undamaged and uncontaminated and that they are not subjected to unacceptable degrees of heat, cold, light, moisture or other adverse influence which may affect the material label storage range. Excursions in temperature and/or relative humidity (if applicable) outside of the label storage range will be investigated by **Sigma**.

If applicable, Cold Chain products must be transported by refrigerated transport, at temperatures between 2°C to 8°C, and data loggers must be present with each delivery.

Each consignment to **Sigma** from **Supplier** must be accompanied by the following documents or equivalent information /data retrieval information.

1. Invoice – Supplier Name, Address, Contact Number
2. Packing List, Quantities
3. Product Name, Batch Number
4. Consignee name and address and contact details if different from number 1.

Supplier must agree to accept returns from **Sigma** for product designated as damaged upon receipt at Goods Inwards in **Sigma's** premises, where the damage was not caused by transport. **Supplier** must endeavour to prevent such transport damages by packing their deliveries suitably.

k) **Product Receipt**

Sigma is responsible for receipt of product and performing the necessary verification (including counterfeit) checks in accordance with the standard operating procedure for Goods Receipt.

l) **Product Recall**

If **Supplier** believes that a batch of product should be recalled, **Sigma** should be contacted immediately, in order that agreement can be reached on the action to be taken. All remaining stock of the affected batch will be placed in quarantine by **Sigma** and **Supplier**. **Sigma** will inform customers in accordance with the **Supplier** Product Recall Procedure. **Sigma** will notify the Competent Authority (i.e.) of a recall in accordance with the related valid laws and guidelines.

m) Designated wholesalers must provide **Sigma** with a product list and contract/letter from the MAH's.



Internal Use Only

Internal account Handler for Sigma

Supplier Name and Address

Contact Person (Name and Telephone Number)

Credit limit requested by Sigma: £.....

QUALITY ASSURANCE CHECKS:

Type of Supplier:

Wholesaler (Human Products)

Pre/Designated Wholesaler

Manufacturer

Supplements/Herbal Remedies

Medical Devices Supplier

Mobility Products

Other: Please Specify:

Registration/Licence Details:

.....

.....

Allow POM

Allow P

Allow GSL

Allow Non P

Allow Specials

Allow Controlled Drugs

Schedule

QA Sign & Date:

DIRECTOR'S COMMENTS AND APPROVAL (Sign and Date):

.....