



SIGMA
independent • together

Account Opening Pack

Independent Pharmacy and
Dispensing Doctor (UK)

(INCLUDING ONLINE)

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

TERMS AND CONDITIONS OF SALE

Available to view at; 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 each purchase you make. Below is a **summary** of key points to note.

Non-Delivery

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

Deliveries

For accounts spending below £1,500 (excluding VAT) the Company will apply either; a) a £100 (excluding VAT) minimal order value, or, b) a monthly low spend surcharge of £300 per month. Where the minimum order value is chosen and not met, the Company will hold onto the order until the end of the service day to allow the Customer to achieve the threshold. After this time the order will be cancelled; alternatively the Customer may elect to continue with the order by informing The Company and agreeing to pay the applicable delivery charges.

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 **two service days** and the declaration must be signed and completed 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. no 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.

Payment Terms

Unless agreed by Sigma in writing to extend credit, settlement terms are within 30 days of statement date.

> A - Business Information

Please tick all that apply to you/your business. Ensure copies of all licences or registrations are enclosed.

Independent Pharmacy Dispensing Doctor

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

PLC (Public Limited Company) LLC (Limited Liability Company) Sole Trader

Other (Please specify)

Part of a group of businesses

Member of a buying group

Existing Sigma accounts

Please select one of the following (for accounts with less than £1,500 total monthly spend)

Minimum £100 order value £300 Monthly Low Spend Surcharge

Reason for new account

New Contract Change of Legal Status New Ownership
Date effective:

Title Registration Details:

Please provide a copy of your GPhC registration with your completed application form.

GPhC / GMC No.

> B - Business/Company Information

Organisation/Full Name:

Business Trading Name:

Registered/Home Address:
Postcode:

VAT Number:

Name of Responsible Pharmacist/Person:

List of Directors:

> C - Directors/Owners Details

Professional in Charge

Full Name:

Tick if Licensed
to Practice

Licence or Reg. No.:

Date of Birth:

Additional Directors/Partners

Full Name:

Date of Birth:

Full Name:

Date of Birth:

Full Name:

Date of Birth:

Note to Sale:

(To be completed by Sole trader/ordinary partnerships applications only)

> D - Address Details

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.

Delivery Name:

Site Address:

Postcode:

Name of Key Site Contact.:
(if applicable)

Invoice Address/Details if
different from above :

Postcode:

> E - Contact Details

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

Business Tel. Number:	<input type="text"/>
Business Email:	<input type="text"/>
Business Website:	<input type="text"/>
Purchasing Contact:	<input type="text"/>
Telephone Number:	<input type="text"/>
Email Address:	<input type="text"/>
Accounts Payable Contact:	<input type="text"/>
Telephone Number:	<input type="text"/>
Email Address:	<input type="text"/>

Please confirm how you would like to receive your invoices and credit notes. If you select email only, paper copies will not be supplied with deliveries. For speed and convenience, statements are emailed, you may choose a separate email for this.

	Email only	Paper* only	Email and Paper*	
Invoices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Credit notes*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	* Note: Customers receiving deliveries by third party couriers will receive credit notes by email ONLY

Email address for invoices and credits

Email address for statements (if different from above)

> F - 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.

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, or you may request a copy by emailing our Data Protection Officer (DPO) on 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.com

Customer Declaration

I/We confirm we have read the Terms and Conditions of Sale and understand that the latest version is available at www.sigmapl.com.

I/We confirm that unless agreed in writing by Sigma, our payment terms are 30 days from Statement date.

I/We acknowledge that there is a minimum monthly spend of £500 (excluding VAT) per month to operate an account with Sigma. Any accounts spending below £1,500 (excluding VAT) per month, and where an order has been placed in that month, will be subject to either a monthly surcharge of £300 (excluding VAT) or incur a minimum order value on the account (as per customer's selection in Section A). The surcharge will only be applied to any month falling below the minimum £1,500 (excluding VAT) spend.

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 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. After taking account of information supplied, Sigma has the right to decline.

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 332 900.**