



**SIGMA**  
independent • together

# Account Opening Pack

Wholesale & Non-Pharmacy Customers (UK and EU)

April 2019

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-andconditions-of-sale](http://www.sigmaplc.com/working-together/terms-andconditions-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 also refer to [www.sigmaplc.com/working-together/](http://www.sigmaplc.com/working-together/) for our most up to date Trading Terms, a summary of key points relating to deliveries and returns is below.

### 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 £50 handling, picking and dispatch charge will be applied. These values are subject to change, the most up to date information can be found online at <https://www.sigmaplc.com/working-together/>

### 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 **2 working days** for ambient product and 24 hours for cold chain. 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. free from pharmacy price stickers, 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

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

## > 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:**

(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"/> 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. ....



## > C - Business/Company Information

Organisation/Full Name:

Business Trading Name:

Registered/Home Address:

Postcode:

VAT Number:

Organisation/Charity Registration No.:  Copy of Charity registration supplied:

Name of Responsible Person(s):

List of Directors:

## > D - 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)

## > 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:	<input type="text"/>
Site Address:	<input type="text"/>
	Postcode: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of Key Site Contact.: (if applicable)	<input type="text"/>
Invoice Address/Details if different from above :	<input type="text"/>
	Postcode: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## > F - 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	<input type="text"/>			
Email address for statements (if different from above)	<input type="text"/>			



# NEW ACCOUNT APPLICATION FORM

## > 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.



# 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

--	--	--	--	--	--	--	--

Branch sort code

--	--	--	--	--	--

Name and full postal address of your bank or building society

To: The Manager	Bank/building society
Address	
Postcode	

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.

Signature(s)
Date

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

DDI2

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.

## 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.sigmaplc.com](http://www.sigmaplc.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

### FAQ; 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.sigmaplc.com](http://www.sigmaplc.com). I/We acknowledge that the account will be subject to a minimal order value detailed in the Trading Terms, and that a handling, picking and dispatch charge will be applied if this is not met.

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.**