**­­**New Customer Registration Form

Please complete all sections below as appropriate. Please do not leave any blanks, use N/A.

If you have any queries please contact our QEF Pharmacy Customer Services team:

Tel: 0191 445 8567,

Email: ghnt.qef-orders@nhs.net

|  |
| --- |
| **Customer Details** |
| Date:  |
| Company registration number : |
| Company VAT number : |
| Company registered name: |
| Trading as name: |
| Company registered address: Post code:  |
| Invoice Name: (if different to above)Invoice Address (if different to above):Post code:Invoice email Address:  |
| Delivery address (if different to above):  Post code: (Please note: must be the same as postcode used on registration with any legal / professional / regulatory body)  |
| Contact name:Position:  |
| Email contact (For recall purposes): |
| Charity registration number:  |
| VAT exempt: (if yes, please attach the Vat exemption certificate with each order)[ ] Yes [ ] No  |
| Type of account (please mark relevant with X):[ ]  Hospital – NHS England [ ]  Hospital – NHS Other (Scotland, Wales, NI) [ ]  Pharmacy [ ]  Wholesaler[ ]  International / outside EU [ ]  EU (GPs, Hospitals, reseller, private, pharmacy) [ ]  NHS sub-contracted service (Please attached CMU framework agreement price letter) [ ]  Dentist[ ]  GP [ ]  Vet[ ]  Private (Hospital or clinic) [ ]  University [ ]  Charity[ ]  Optometrist / Ophthalmologist [ ]  Home-care provider [ ]  Paramedic[ ]  Allied healthcare professional (e.g. Chiropodist, podiatrist, physiotherapist) [ ] HM PrisonOther, please specify: |
| Customer license verification (as applicable) |
| MHRA (WDA (H), site no.): |
| GDP certificate no.  |
| GPhC Premises:  |
| GMC number: |
| GDC number: |
| RVS\* (see below): |
| GOC number: |
| HCPC number: |
| PSNI number: |
| CQC – hospital/ GP/ other (date of last inspection): |
| NHS Inform (Scotland): |
| NHS Wales:  |
| HSCNI (Northern Ireland): |
| HIQA: |
| HPRA: |
| PSI number: |
| Other (e.g. Gov.je; Gov.gg) |
| HM Home Office license number (for ordering CDs only)[[1]](#endnote-1): |
| \*Veterinary practices only: I can confirm that all products ordered will be administered to specific animals in line with the cascade requirement under the Veterinary Medicines Directorate.Signature (Registered Vet.): Date: |
| Form filled in by:Print Name:Job Role:Contact Email:Contact Number: | Signed: Date: |

1. [↑](#endnote-ref-1)