**­­**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](mailto: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 Prison  Other, 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)