

## Become supplier

Company name \*

Business Category \*

Address \*

Phone \*

Fax

E-mail \*

Legal representative \*

Do you hold an official wholesaler's licence released by your Government/Ministry of Health? \*

Remarks on the licence

(Attach document)

Do you work according to the rules of the GDP (good distribution practices)? \*

Remarks on the GDP

(Attach document)

What products do you deal in ? \*

Do you state the lot number and possibly the expiry date on the delivery note and/or the invoice? \*

Do you have a system for the recall of non-conforming lots? \*

Do you deal in products requiring temperature control? \*

Room Temp          Ambient Temp          Cold Chain

If yes, do you guarantee conservation and transport in order not to interrupt the necessary refrigeration chain?

Do you offer a documentation and/or scientific information service? \*

Remarks:

Do you have the necessary liability cover in case of a deficient product? \*

Remarks and informations on the necessary liability:

Do you accept return of goods? \*

If yes, please state the conditions

Do you guarantee that the product will be adequately packed for the requirements of dispatch and transport? \*

Remarks on the packaging:

Do you have terms of sale? \*

Remark :

Do you confirm receipt of orders? \*

If yes, please specify in which way

Do you inform your customers in writing about price changes of products already supplied to them?

Person responsible for dealing with complaints (name) \*

Do you have a certified Quality System? \*

If no, do you intend to introduce one in the near future?

Additional remarks

Declaration \*

yes

\*

- yes

Do you confirm all informations correspond to truth? \*

Do you confirm all informations correspond to truth? - yes

\*

- yes