

Pharmaceuticals Application Form



In accordance with the rules and regulations, we are only able to supply authorised users with our range of pharmaceuticals. If you would like to purchase pharmaceuticals please fill out the necessary details below. Once we receive this form we will contact you to let you know if you have been approved.

Name:	
Business Name (if applicable):	
Address:	
Telephone number:	
Email (if applicable):	

I/we declare that we are registered to purchase pharmaceuticals and that false declaration is against the law	Yes / No
Principal Partner's name:	
Trading type: - GP Surgery - Pharmacy - Dispensing Doctor - Dentist - Wholesale Distributor - NMC - Other (please specify) _____	---- ---- ---- ---- ---- ---- ---- (place tick by relevant type)
GMC number (only relevant for GP Surgery, Dispensing Doctor):	
Reg number (only relevant for Pharmacy, Dentist):	
WDL number (only relevant for Wholesale Distributor):	
NMC number (only relevant to Nurses & Midwives)	
Signed:	Date:

This form must be sent back to us either by:

- **Email:** pharmaceuticals@midmeds.co.uk (add form as attachment)
- **Fax:** 0845 280 5800
- **Post:** MidMeds Pharmacy Dept, 20 Merchant Drive, Mead Lane, Hertford, SG13 7AY

MidMeds Ltd, 20 Merchant Drive, Mead Lane, Hertford, SG13 7AY

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