

## 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 confirm if you have been approved.

|  |  |
|--|--|
| Name:  |  |
| Business/Surgery/Institution Name (if applicable): |  |
| Address:   |  |
| Telephone Number:                                  |  |
| Email (if applicable):                             |  |

|  |   |
|--|---|
| I/we declare that we are registered to purchase pharmaceuticals and that a false declaration is against the law. We also confirm that we are aware of our responsibilities under FMD guidelines. | <input type="checkbox"/> <b>Yes</b><br><input type="checkbox"/> <b>No</b> |
| Principal Partner's Name:  |   |
| Trading Type (place tick by relevant type):<br>- GP Surgery<br>- Pharmacy<br>- Dispensing Doctor<br>- Dentist<br>- Wholesale Distributor<br>- NMC<br>- Other (please specify) _____              |   |
| GMC Number (only relevant for GP Surgery or Dispensing Doctor):  |   |
| Reg Number (only relevant for Pharmacy or 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:** [info@midmeds.co.uk](mailto:info@midmeds.co.uk) (add form as attachment)
- **Fax:** 0845 280 5800
- **Post:** MidMeds Pharmacy Dept, Stag House, Suite 2, 3<sup>rd</sup> Floor North, Old London Road, Hertford, Hertfordshire, SG13 7LA