	Doc. Ref.:	MHN-SOP-07-F01	Version	11
	Title:	New Pharmacy Account		
	Department:	Quality	Page 1 of 3	
Authored By: F.Mohamed		Approved By: J.Malek	Authorised By: J.Kaulder	
(Electronic Copy – Signature not required)		(Electronic Copy – Signature not required)	(Electronic Copy – Signature not required)	
Issue Date: 7th March 2025		Effective date: 7th March 2025	Review Date: 7th March 2028	

Customer Details:			
Company Registered Name/Name Sole Trader		GPhC Reg. No.	
Trading Name			
Number & Street			
Town			
County			
Postcode			
Telephone Number			
Fax Number			
Email Address / Web Address			

Day	Opening Hours (Open)	Opening Hours (Close)	Closed for lunch? (tick as appropriate)	Lunch Closing Times (From)	Lunch Closing Times (Until)
Monday			Yes ☐		
Tuesday			Yes ☐		
Wednesday			Yes ☐		
Thursday			Yes ☐		
Friday			Yes ☐		
Saturday			Yes ☐		

Pharmacy / Business Type: (Please tick as appropriate)	Pharmacy Status: (Please tick as appropriate)	Other Info.
☐Online Pharmacy ☐100 Hrs Pharmacy ☐72 Hrs Pharmacy ☐40 Hrs Pharmacy	☐ Partnership ☐ Private Limited Company ☐ Public Limited Company ☐ Limited Liability Company Reg. No: _____	☐ E-Statement ☐ No Of Branches (_____) ☐ Other (Please Specify)

Please select payment method:	
Direct Debit	☐ Direct Debit *(please complete the DD mandate at the end of this application form)*
BACS	☐ BACS

Please select the intended use for this account:	
Single Pharmacy	☐ Supply to Single Pharmacy.
Bulk Ordering	☐ Supply to Multiple Pharmacies within the same legal entity. **Declaration** Bulk ordering will be supplied to my own network of Pharmacies only, which are under the

	same legal entity. This stock will not be used for external wholesale.

Pharmacy Contact:		
Owner's Detail:	Name:	Phone No:
	E-mail	Mobile No:

Accounts Contact:		
Name:	Phone No:	Ext:
E-mail:	Mobile No:	Fax No:

Ordering Method(s): (Please tick as appropriate)				
☐ PMR Please provide Cascade:	☐ Online	☐ Telephone	☐ Fax	☐ E-Mail

Trade Reference (1)		**Trade Reference (2)**	
Name:		Name:	
Address:		Address:	
Post code:	Tel:	Post code:	Tel:

Authorisation:		
By signing and returning this form: The above information is true and accurate.		
Sign:	**Print Name:**	**Date:**

Office use only		
Account code:	**Account No:**	**Credit Limit:**

If Direct Debit selected complete the below:

Please fill in the whole form using a ball point pen and send it to:
or MHNaccounts@medihealthnorth.co.uk

MEDIHEALTH (NORTHERN) LIMITED

LYNSTOCK HOUSE

LYNSTOCK WAY

LOSTOCK

BOLTON

BL6 4SA

DIRECT Debit

Instruction to your bank or building society to pay by Direct Debit

Service user number

7	8	0	1	4	1

Name(s) of account holder(s)

Reference

Bank/building society account number

Branch sort code

Instruction to your bank or building society

Please pay Medihealth (Northern) Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Medihealth (Northern) Limited and, if so, details will be passed electronically to my bank/building society. Banks and building societies may not accept Direct Debit Instructions for some types of account

Name and full postal address of your bank or building society

To: The Manager — Bank/building society

Address

Postcode

Signature(s)

Date

THE DIRECT DEBIT GUARANTEE – *this should be detached and retained by the payer.*

DIRECT Debit

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit Medihealth (Northern) Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Medihealth (Northern) Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Medihealth (Northern) Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
    - If you receive a refund you are not entitled to, you must pay it back when Medihealth (Northern) Limited asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.