ORGANISATION DETAILS (ALL FIELDS ARE MANDATORY):	
FULL NAME OF ORGANISATION (AS PER GOV.UK):	
PHARMACY NAME (AS PER GPHC / PSNI):	
COMPANY REGISTRATION NUMBER (AS PER GOV.UK):	
COMPANY VAT NUMBER (AS PER GOV.UK):	
PHARMACY WEBSITE ADDRESS:	

PHARMACY TYPE (TICK ONE BOX ONLY):	
Walk-in pharmacy (where patient prescriptions can be fulfilled in person) registered with the GPHC or the PSNI.	☐
walk-in pharmacy (where patient prescriptions can be fulfilled in person) registered with the GPHC or the PSNI which also possesses a WDA(H) from the MHRA.	☐
walk-in pharmacy (where patient prescriptions can be fulfilled) registered with the GPHC or the PSNI, which is also a distance selling / online pharmacy.	☐
walk-in pharmacy (where patient prescriptions can be fulfilled) registered with the GPHC or the PSNI, which is also a distance selling / online pharmacy and possesses a WDA(H) from the MHRA.	☐
Distance selling / online pharmacy only, registered with the GPHC or the PSNI.	☐

LICENSE / REGISTRATION DETAILS (ALL FIELDS ARE MANDATORY):	
GPHC / PSNI REGISTRATION NUMBER FOR THE PHARMACY / PREMISES:	
FULL NAME OF PHARMACIST / REGISTERED PRESCRIBER:	
GPHC / PSNI REGISTRATION NUMBER FOR THE PHARMACIST / REGISTERED PRESCRIBER:	
PHARMACIST / REGISTERED PRESCRIBER EMAIL ADDRESS:	
PHARMACIST / REGISTERED PRESCRIBER TELEPHONE NUMBER:	

PREMISES DETAILS (ALL FIELDS ARE MANDATORY):			
DELIVERY ADDRESS:		**FINANCE / INVOICE ADDRESS:**	
STREET:		**STREET:**	
TOWN:		**TOWN:**	
COUNTY:		**COUNTY:**	
POSTCODE:		**POSTCODE:**	

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CONTACT FOR PRODUCT RECALLS (ALL FIELDS ARE MANDATORY):	
FULL NAME:	
POSITION:	
EMAIL ADDRESS:	
TELEPHONE NUMBER:	
CONTACT FOR DELIVERY QUERIES (ALL FIELDS ARE MANDATORY):	
FULL NAME:	
POSITION:	
EMAIL ADDRESS:	
TELEPHONE NUMBER:	
CONTACT FOR FINANCE QUERIES (ALL FIELDS ARE MANDATORY):	
FULL NAME:	
POSITION:	
EMAIL ADDRESS:	
TELEPHONE NUMBER:	

OTHER CONTACT DETAILS:			
FULL NAME:	**POSITION:**	**EMAIL:**	**PHONE NUMBER:**

FORM COMPLETED BY:			
FULL NAME:	**POSITION:**	**SIGNATURE:**	**DATE:**

CLARITY QA USE ONLY:

FORM REVIEWED AND APPROVED BY (CLARITY QA USE ONLY):			
FULL NAME:	**POSITION:**	**SIGNATURE:**	**DATE:**

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