EXEMPT MEDICINAL PRODUCTS
Unit 3 Boyne Business Park
Greenhills Road, Drogheda
Co Louth A92 AN88
T +353 41 9742030
F +353 41 9742034
E info@emp.eu.com
emp.eu.com

ACCOUNT APPLICATION FORM

COMPANY DETAILS:

Company Name		
Full Delivery Address		
City	County	Eircode & Country
Primary Contact	Email	
Phone No.	Fax	Home Page
Company Registration No	VAT No	
Delivery Instructions		
Pharmacy Brand / Symbol Group	Buying Group Member and details	

AUTHORITY TO POSSESS MATERIALS:

Pharmacy PSI No.	Wholesale Dealer Authorisation No.	☐ Certificate Attached
Superintendent Pharmacist PSI No		

Clinics / Hospitals with No Pharmacy	Responsible Medical Practitioner Medical Council Registration No.	☐ Practitioner Declaration of Compliance Attached
Dentists	Dental Council Registered No.	

Other Please Provide Details
Print Name
Signature

Signing this section also indicates you wish to access information on Exempt Medicinal Products and accept Website Terms of Use.

INVOICES: (If different from above)

Company Name	
Address Eircode	
Accounts Contact	
Phone No	Fax No
Email	Credit Limit Required

TRADE REFERENCES:

First Trade Reference
Name
Address
Second Trade Reference
Name
Address

BANK:

Bank Name & Full Address		
Contact		
Bank Sort Code	Bank Account No	Transit No
SWIFT Code	IBAN	

CONTACTS:

Finance:	
Name	Position
Phone No	Email
Orders:	
Name	Position
Phone No	Email
Quality, Complaints:	
Name	Position
Phone No	Email

We agree to abide by all Trading Terms and Conditions:

Authorised commercial contact signature	Print Name

☐ We agree to receive relevant information and regular product/service updates

SEPA Direct Debit Mandate

*Creditor Identifier: IE83ZZZ361609

EXEMPT MEDICINAL PRODUCTS

Legal Text: By signing this mandate form, you authorise (A) EMP-Exempt Medicinal Products Ltd to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from EMP-Exempt Medicinal Products Ltd.
As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.
Please complete all the fields below marked *

*Customer Name:

*Customer Address:

*City/postcode

Country:

* Account number(IBAN)

*Swift BIC

EMP-Exempt Medicinal Products Ltd
Unit 3, Boyne Business Park, Greenhills Road,
Drogheda
Co. Louth A92 AN88

*Type of payment Recurrent ◯ **or** One-Off Payment ◯ (Please tick √)

*Date of signing:

*Signature(s)

Please return the signed original mandate to EMP-Exempt Medicinal Products Ltd