

Opening a Customer Code Request

1. Policy to Open a New Code or a New Deal:

This form must be filled out and sent back to customer service department to open a code:

<u>7,000,000 lbp <</u>				Monthly Turnover Expectation	
7 Days				Payment Due Date	
Cash Only				Payment Method	
				Company Name	
Social Security No.	Syndicate No.	License No.	Ministry of Finance No.	State	District
Fax	Mobile	Tel. 1	Tel. 2	Village	City
Name:				Pharmacy Stamp:	
Signature:					

2. Required documents:

- License Copy.
- MOF No (Ministry of Finance Paper).
- Copy of ID.
- Copy of Stamp.
- Copy of Ministry of Health Certificate of pharmacy practice.

3. Returns Policy:

The company doesn't accept returns of the following products:

- **Cold chain** products.
- Products included or were previously included in an offer.
- Products with **NO RETURN / NR** side note.
- Medical devices.
- Products with price changes: if the return is accepted it will be on the lower price.

→The return request should be submitted within 15 days of receiving the order.

→The amount will be deducted from the account statement directly.

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4. Near Expiry products policy:

- The pharmacy should send **at least 6 months before products expiry dates** a list of the products with their expiry dates and invoices numbers on the company's near expiry products form.
- Our Company will send the list to the concerned suppliers to take their approval, after receiving a credit note or product exchange from the supplier, we send in our turn to the pharmacy the exchanged products or a credit note to be deducted from their statement.
- Please note that this service is on pharmacy's responsibility.

5. Welcome to our company and thank you for joining us.

Approval:

Signature:

Stamp: