



ACCOUNT AUTHORISATION/ APPLICATION FORM

Please note Photo I.D with signature is needed for all new account holders, either driving licence or passport.

Account Holder (full name)

Account Code (if applicable)

Account Holder Type - Ltd Company/ LLP/ Partnership/ Sole Trader

Account Address

Company registration number (if applicable)

Is this a Business Address Yes ☐ No ☐

(We can only deliver stock medicines to a business address)

Delivery Address (if different to above)

Account Email

Account Phone

Contact Name

Contact Email

Contact Phone

DD only supplies healthcare professionals please set out the profession that you operate in

Profession

GMC/GDC/NMC/GPhC/HCPC Number

CQC/JCC/GPhC Pharmacy Number (if any)

I confirm that I wish to open an account with DD and that I am the account holder or authorised by the account holder to open such account. I bear the responsibility for any unauthorised access to my account as a result of my providing my account details or failure to hold them securely. I have read the terms and conditions at <https://www.ddgroup.com/help/terms-and-conditions/>, included in this form and agree to be bound by them. I understand that I will be required to provide photo ID to activate the account.

Signed by

Signature

Date

Information Attached

☐

Signed Photo ID

☐

Indemnity Insurance

Optional-Medicines Ordering

Only doctors or dentists can order POM's for stock for use in their practice, pharmacies can order stock for their pharmacy dispensing process. If you wish your account to be authorised for such purchases please fill out the section below.

If you want to place prescriptions to be fulfilled by our pharmacy please tick this box

☐

I confirm that I am either the account holder or I am an employee of the account holder who is authorised to act for the account holder regarding the purchase of medicine.

I acknowledge and understand that I am responsible for:

- All orders of medicines placed on this account.
- Ensuring that any medicines are held by the account holder in suitable conditions and a secure location until administered to the patient.
- Ensuring that the account holder holds suitable insurance to cover any administration of medicines that are undertaken.

I understand that medicines can only be sent to the business address of the account holder and that any request to make a change to the address for delivery will require verification.

Name if different from the account holder

Contact Address if different from the account holder

Profession

Profession Registration Number (GMC/GDC/GPhC/HIS/HIW)

CQC number of account holder if registered

We confirm that where the goods are being ordered on prescription they are for named patient use only and the products will NOT be used for wholesale or stock holding purposes.

Signature

Date

Account Holder Approval of Prescribers.

Where the account holder will be working with one or more prescribers and paying the invoices for prescriptions that they issue then please fill out below the name, phone number and email for each prescriber that is authorised to issue invoices to be paid by the account holder.

Prescriber Name	Prescriber Email	Prescriber Phone

Each prescriber will need to complete an application form to be given access to our EScript prescription service.

Data Privacy

This privacy notice sets out how DD as the data controller, collects and processes your personal information in relation to your account.

As part of the DD Group of companies DD Products and Services Ltd complies with the DD Group Data Privacy Standard which can be found <https://www.ddgroup.com/globalassets/pdfs/4640-dd-privacy-policy-june-2020.pdf> which sets out the detailed information on how we process your personal information.

The DD Group has appointed a Data Protection officer who can deal with any questions you have about the DD Group Privacy Standard or about this notice generally. Details of the DPO can be found in the DD Group Data Privacy Standard. Or for specific questions relating to this data privacy notice or request to update your data you can contact sales@ddgroup.com.

The personal information we are collecting: is set out on this form, we will also check this against professional registers.

How we will use your personal information and the legal basis for its use: We will use this information to fulfil the contract with you as well as to comply with our legal obligations.

Sharing your personal information We will share your information with regulatory authorities where required to do so as well as where we are using third party storage or data processing services.

Retention

We will delete your personal data after seven years from the date that you cease to be a customer unless legally required to keep it for longer.

DD TERMS AND CONDITIONS RELATING TO MEDICINES

1. By completing this form the Account Holder named on the form is agreeing to comply with the following terms and conditions in relation to any purchase of medicines and medical devices from DD, of 6 Perry Way, Witham, Essex, CM8 3SX (**DD**).
2. These terms set out the roles and responsibilities between DD and the Account Holder, in relation to the supply of medicines and medical devices in compliance with Good Distribution Practice. Each purchase is subject to DD terms and conditions of sale which can be found at <https://www.ddgroup.com/help/terms-and-conditions/>
3. DD will not supply any product until they have been able to verify the Account Holder's authority to receive such products. In order to undertake such verification the Account Holder must provide the relevant professional registration details such as GMC/GDC/NMC/HIS/HiW number or GPHC/CQC/JJC number. Alongside photo ID that relates to such and a copy of relevant professional indemnity insurance. DD may check other public sources of information to assist in the authorisation.
4. If the Account Holder will be having orders made on their account via a Prescription the Prescriber must agree to our Pharmacy Terms and Conditions which can be found <https://www.ddgroup.com/help/dd-general-terms-and-conditions-of-sale-or-supply/>. At present all professional bodies codes require that when Prescribing aesthetics products all prescribers must have undertaken a face-to-face consultation with the patient, no telephone consultations or video services are recognised as being appropriate. Where the prescriber is geographically distant from the location that the medicines will be delivered to, we reserve the right to contact the prescriber to ensure that this has been undertaken.
5. The Account Holder is responsible for ensuring that anyone order, prescribing and administering medicines has relevant training and that all training records are up to date. Where reasonably required DD may request a copy of such records.
6. Where purchasing on the basis of a prescription the products on the prescription are for the treatment of the patient named on the prescription only and are for a single treatment for that patient.
7. In order to comply with GDP DD may from time to time include temperature loggers in packages to ensure that products are being shipped within the required temperatures. In such cases we require that the Account Holder follows the printed instructions with the logger then returns the logger to DD in the prepaid envelope that will be provided.
8. We do not accept returns for medicines other than for product defects or errors by DD. It is the Account Holder's responsibility to ensure that there is someone present at the delivery location to receive delivery of medicines at the notified delivery time, products not delivered due to breach of this condition shall be charged to the Account Holder. Issues must be notified to DD within 24 hours of becoming aware of the issue. The medicines must be kept in accordance with the packaging requirements until instructed by DD regarding return or destruction of the medicine.
9. The Account Holder is responsible for maintaining the confidentiality of account access information and codes. The Account Holder is responsible for any activity on their account and must notify DD immediately of any unauthorised use or any breach of account security which they become aware.

INTERNAL USE ONLY

- ☐ Registration checked with Professional body
- ☐ Delivery Address Checked
- ☐ Website Checked
- ☐ Companies House Checked
- ☐ Insurance Document received
- ☐ ID Documents received
- ☐ Info updated on CRM
- ☐ OK To Proceed

Account code

Print

Signed (DD)

Date