AIWAS MEDICAL Group

F-GDP028 Customer Qualification Form (Export)			
Responsible Person Approval		**Version**	1.0
Name	Jenna Cordery	**Issue Date**	23 Apr 2025
Signature	SIGNED COPY ON FILE	**Implementation Date**	23 Apr 2025
		Review Date	23 Apr 2026
Date	23 Apr 2025	**Retention Policy**	5 years from date of issue

Part 1: ACCOUNT DETAILS – Below section is to be completed by the Customer

COMPANY INFORMATION	
1. Registered Company Name	
2. Registered Company Number	
3. Company Address	
4. How long has your company been trading for? (Provide an answer in years and months)	
5. Is your company address the same as your delivery address	
6. Registered Delivery Address (must be the same address stated on approved wholesale licence/import authorisation)	
7. Co-ordinates (if stated on approved licence)	
8. Website/Domain Name	
9. Email Address (linked to your website/domain name)	
10. Telephone Number (linked to your website/domain name)	
11. Is your company affiliated with or associated with any other manufacturer/wholesaler of medicinal products?	
12. Please state additional information to support the option that was selected in point 11 above (or tick N/A)	☐ N/A
13. Please state Business Name	

& Address (if applicable)	
PRIMARY / MAIN SALES CONTACT PERSON	
1. Title	
2. First Name	
3. Last Name	
4. Email Address	
5. Contact Number	
6. Mobile Number	
7. Position Held	
FINANCE / ACCOUNTS CONTACT DETAILS	
1. Title	
2. First Name	
3. Last Name	
4. Email Address	
5. Contact Number	
6. Mobile Number	
7. Position Held	
RESPONSIBLE PERSON/QUALIFIED PERSON / PHARMACIST CONTACT DETAILS	
1. Title	
2. First Name	
3. Last Name	
4. Email Address	
5. Contact Number	
6. Mobile Number	
7. Position Held	
WHOLESALE LICENCE DETAILS	
1. Type of Licence	☐ WDA ☐ GMP ☐ Other: Specify: _____
2. Licence Number	
3. Name of Local Governing Body who approves your licence	
4. Email Address and Postal Address for Named	

Governing Body Above	
5. Telephone Number for Named Governing Body Above	
6. Date of Issue (please use European date format example: DD/MM/YYYY)	
7. Expiry Date (please use European date format example: DD/MM/YYYY)	
8. From the date of issue, how long is your licence valid for? (Provide an answer in years and months)	
9. Governing Body Website Address where we can verify online your approved licence type.	
10. Please attach and return a copy of your original - valid pharmaceutical importer/wholesaler licence issued by your local governing body mentioned above (First Language/Translated into English).	Attachment reference:
COMMERCIAL / BUSINESS / TRADE LICENCE DETAILS	
1. Commercial / Business / Trade Registration Number	
2. Name of Local Governing Body who approves your commercial / business / trade registration.	
3. Email Address or Postal Address for Named Governing Body Above	
4. Telephone Number for Named Governing Body Above	
5. Date of Issue (please use European date format example: DD/MM/YYYY)	
6. Expiry Date (please use European date format example: DD/MM/YYYY)	
7. From the date of issue, how	

long is your commercial / business / trade registration licence valid for? (Provide an answer in years and months)	
8. Governing Body Website Address where we can verify online your commercial / business / trade registration licence.	
9. Please attach and return a copy of your original - valid commercial / business / trade registration licence issued by your local governing body. (First Language/Translated into English).	Attachment reference:
TRADE REFERENCES FROM OTHER SUPPLIERS/CUSTOMERS	
Trade Reference 1	
Company Name:	
Address:	
Contact Person:	
Type of Service:	
Notes:	
Trade Reference 2	
Company Name:	
Address:	
Contact Person:	
Type of Service:	
Notes:	
ADDITIONAL INFORMATION REQUIRED TO CONFIRM DELIVERY ADDRESS. A Utility Bill is mandatory. ONE other form of evidence is required in addition.	
1. Tax / VAT Registration Letter	
2. Utility or Service Bill (dated within the last 3 months)	
3. ISO 9001 / GDP Certificate or Equivalent.	
4. Other business documentation:	
By signing here, we confirm that the details set out above are correct and complete, including any attachments provided.	
Completed by (Full Name):	
Signature:	
Date:	

Thank you for completing the form. Please return to Jenna@ps.consulting (Responsible Person for Aiwas Medical)

Part 2: RP REVIEW AND APPROVAL – Below section is to be completed by Aiwas Medical

Approval type	☐NEW ACCOUNT ☐ ANNUAL RENEWAL ☐UPDATE TO ACCOUNT ☐Other (please detail)	
Validity of Premises/wholesale Authorisations	☐Confirmed ☐Further confirmation required (see comments) ☐Rejected	
Validity of Trade Authorisations	☐ Confirmed ☐ Further confirmation required (see comments) ☐ Rejected	
Classifications of products acceptable	☐WDA checked and confirmed acceptable for the categories of products to be supplied | ☐ P ☐ POM ☐ GSL	☐ N/A
	☐ Rejected	☐ N/A

Due Diligence Checks		**If the answer to any of the below questions is "No or N/A, document a justification (not required where a controlled drugs licenced is not applicable).**
Has the wholesale licence provided by the customer been verified by the NCA in the export territory?	☐ Yes ☐ No	
If the wholesale licence was not provided in English, has this been notarised and translated in accordance with Customer Qualification SOP?	☐ Yes ☐ No	
Has the trade/business licence been verified by the appropriate governing body in the export territory?	☐ Yes ☐ No	
Has a utility bill registered to the licenced business address been provided and dated within the last 3 months?	☐ Yes ☐ No	
Has a Tax registration certificate been provided?	☐ Yes ☐ No ☐ N/A	
Is the email address and contact details provided by the company verifiable?	☐ Yes ☐ No	

Does the company have a website? Have you conducted a who.is check?	☐ Yes ☐ No	
Can you verify that the trade references provided are from legitimate sources?	☐ Yes ☐ No	
Google Maps check: does the licenced delivery address appear to match the information on Google Maps?	☐ Yes ☐ No ☐ N/A	
Does the delivery address listed on all the above provided documentation MATCH as per the wholesale licence?	☐ Yes ☐ No	
In addition to the above checks, please describe any other independent research that has been carried out to confirm the customer is qualified to receive medicinal products.		
Are there any inconsistencies within any of the documents provided that require further verification?		

ACCOUNT STATUS ASSIGNED	**APPROVED / REJECTED**	
Responsible Person Name:	Signature:	Date:

EVIDENCE REVIEW

Evidence of verification and due diligence must be attached/screenshotted on the following pages. This should include authentication by competent local authorities, business administrations, website checks etc, with a clear description of the verification type, source and date. Once completed, this form must be exported as a PDF and signed/dated by the Responsible Person. Original copies (such as emails etc) must be stored in the Customer File).

Version History		
Version	**Changes**	**Date**
1.0	Form Creation	23 Apr 2025