

F-GDP027 Customer Qualification Form (UK)			
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: Finance Application - To be completed by the Customer

CUSTOMER DETAILS	
Customer Name	
Invoice Address	
Delivery Address	
Telephone Number	
Email address	
VAT registration Number	
Company Registration Number	
Primary Contact Name	

BANK DETAILS	
Bank Name	
Sort Code	
Account Number	

DECLARATION	
Terms and Conditions	☐ Yes

Reviewed and Accepted (Mark as Required)	☐ No
Print Name:	
Signature:	
Position:	
Date:	

Standard Terms and Conditions of Sale

1. DEFINITIONS

In these conditions "the Seller" means Aiwas Medical Ltd "the Buyer" means the person firm or company purchasing the Goods, "the Goods" means the goods or materials subject to the contract between the Buyer and the Seller.

2. GENERAL

All orders are accepted, and Goods supplied subject to the following express terms and conditions of sale and may be amended from time to time by the Seller and notified to the Buyer. All other conditions, warranties, and representations, express or implied, whether under Common Law, Statute or otherwise as to the merchantability or fitness for any purpose of the Goods are hereby excluded. No addition thereto or variation therefrom shall apply unless specifically agreed to in writing by the Seller. Any conditions introduced by the Buyer (insofar as they differ from these conditions) shall be ignored and the order shall be deemed to have been placed without them. The Buyer accepts that no contract will be made in reliance upon any representation made by any employee, servant or agent of the Seller, save for those made in writing on the Seller's headed notepaper or sales documentation.

3. PRICES

All prices are quoted exclusive of Value Added Tax and any other duty levy or tax assessed against the Goods by any government or other authority.

4. DELIVERY

- (i) The delivery date or dates quoted are estimates only and shall not be of the essence and the Seller shall have no liability whatsoever for failure to deliver by such date or dates.
- (ii) Delivery of the Goods shall take place when the Goods shall be delivered at the address specified in the contract.
- (iii) Delivery of the Goods may be made by instalments and where delivery is so made each delivery shall be treated as a separate contract and failure suspension or delay in the delivery of any part of an order shall not vitiate the contract as to other deliveries.
- (iv) The Buyer shall examine the Goods immediately upon delivery and shall notify the Seller in writing within forty-eight hours of delivery if there is any shortage in delivery or any damage to the Goods.

5. PAYMENT

- (i) Unless otherwise stated on the Seller's invoice or otherwise agreed by the Seller in writing payment for the Goods shall be made no later than thirty days after invoice date.
- (ii) Time of payment shall be of the essence and failure by the Buyer to pay the price or any instalment thereof in due time shall entitle the Seller to treat the contract as repudiated by the Buyer and to require the Buyer to make immediate payment of all monies due or to become due together with interest at a rate of three percent per annum above the Base Rate of Barclays Bank plc from the due date until payment and to recover from the Buyer damages for breach of contract.
- (iii) Notwithstanding sub-paragraph 5(i) above, payment for the Goods shall become due immediately if the Buyer makes any voluntary arrangement with its creditors or becomes subject to an administration order or (being an individual or firm) becomes bankrupt or (being a company) goes into liquidation (otherwise than for the purposes of amalgamation or reconstruction).

6. TITLE AND RISK

- (i) Title in the Goods shall not pass to the Buyer until payment for the Goods and any other supplies of goods or services supplied by the Seller has been received by the Seller in full.
- (ii) Until title in the Goods passes to the Buyer the Buyer shall grant the Seller an irrevocable licence to enter upon any premises of the Buyer for the purpose of removing any goods supplied by the Seller and held by the Buyer notwithstanding that such goods have been purportedly paid for by the Buyer.
- (iii) Risk in the Goods shall pass to the Buyer immediately upon delivery and the Buyer shall indemnify the Seller against any damage to or diminution in value of the Goods prior to payment.

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Uncontrolled copy when printed.			

7. LAW AND GENERAL INTERPRETATION

- (i) All contracts shall be governed and construed in all respects in accordance with English Law.
- (ii) In these conditions where the context so permits the expressions the Seller and the Buyer shall mean and include Successors in Title of the Seller and the Buyer, and the singular shall include the plural and the masculine shall include the feminine and vice versa. Where the buyer includes two or more persons or bodies corporate the Buyer's obligations hereunder shall be deemed to be imposed on such persons or bodies corporate jointly and severally.

Part 2: Account Details – Quality /Regulatory Application - To be completed by the Customer QA

Customer Name			
Email Address			
Telephone Number			
Company's Registered Name (if applicable)			
Companies House Registration No. (if applicable)			
Company's Registered Address (if applicable)			
Invoicing Address	☐ Same as Registered address ☐ Other, enter below:		
Receiving Address	☐ Same as Registered address ☐ Same as Invoicing Address ☐ Other, enter below:		
Receiving Address Category	☐ Warehouse ☐ Pharmacy ☐ Retailer ☐ Retail Pharmacy ☐ Wholesaler ☐ Other (please detail) _____		
Nature of products to be purchased	☐ Non-Medicinal Products ☐ GSL ☐ P ☐ POM		
Premises Licence / Authorisation (Invoicing)	Registration type: ☐ WDA ☐ GMP ☐ N/A ☐ Other (Specify): _____ Registration Number: _____ Date Granted: _____ Expiry date: _____ ☐ Copy will be provided ☐ Copy will not be provided	Also applicable to: ☐ Receiving Address	
Premises Licence / Authorisation (Receiving/Delivery)	Registration type: ☐ WDA ☐ GMP ☐ N/A ☐ Other (Specify): _____ Registration Number: _____		

	Date Granted: _____ Expiry date: _____ ☐ Copy will be provided ☐ Copy will not be provided
Pharmacy Registration Reference (if applicable) (Required for P and POM Products Delivered to Pharmacies)	Registration type: ☐ GMC ☐ NMC ☐ GPhC ☐ GOC ☐ N/A ☐ Other (Specify): _____ Registration Number: _____ Personnel name: _____ Date Granted: _____ Expiry date: _____ ☐ Copy will be provided ☐ Copy will not be provided
Registration Validity	☐ All registrations dates in the past 3 years (GMP) or 5 years (GDP) ☐ Registrations currently active. ☐ Registrations validity exceeded; confirmation of continued compliance to be attached.
RP Primary Contact details:	
Contact Name	
Contact Email	
Contact Telephone	
Additional comments:	

DECLARATION By signing here, I confirm that the details set out above are correct and complete, including any attachments provided.	
Full Name:	
Position:	
Signature:	
Date:	

On completion, please return the form to info@aiwasmedical.com

Part 3: Finance Application Review -To be completed by Finance Team at Aiwas Medical Ltd

FOR AIWAS MEDICAL OFFICE USE	
Customer Reference	
Credit Terms Agreed	
Credit Limit	
Credit Check Completed (Mark as Required)	☐ Yes ☐ No

FINANCE APPROVAL	
Account Opened Date	
Completed by (Full Name):	
Signature:	
Date:	
Comments	

On completion, please forward to the Responsible Person: Jenna@ps.consulting

Part 4: RP REVIEW AND APPROVAL -To be completed by the RP

QUALITY REVIEW	
Customer Reference	
Finance Checks Completed	☐ Yes ☐ No
Confirmation full review of information and attachments in Part 2 of the form: "Account Details - Quality/ Regulatory Application" as fully checked and compliant	☐ Confirmed ☐ Further confirmation required (see additional comments section) ☐ Not confirmed

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Additional Comments:					
Restrictions (if applicable):					
Customer Added to Quality Approved Customer List		☐ Yes ☐ No			
Date Customer Requalification Required					
Quality Review Completed by:					
Full Name:					
Signature:					
Date:					
ACCOUNT STATUS ASSIGNED (circle one)		APPROVED / REJECTED			
Responsible Person Name:		Signature:		Date:	

Version History		
Version	Changes	Date
1.0	Form Creation	05 Jan 2025