

Declaration

As a wholesaler, action medeor is obliged to qualify its customers. According to the European Good Distribution Guideline (1013/C68/01) and the German Wholesaler regulation (§6 AMHV) action medeor must ensure that it supplies medicinal products only to persons who are themselves in possession of a wholesale distribution authorization or who are authorized or entitled to supply medicinal products to the public.

We ask you to complete this document on your pc and print it out. Then add your organization's stamp and your signature to the document and send it back to us. Only after receiving your declaration, we can arrange the delivery to you.

Many thanks!

Organization / institution:

Name:

Full address:

Country:

Website:

Please attach for your organization / institution:

- Wholesale license, GDP certificate, pharmacy license and/or
- Proof of establishment (Permissions, licenses)
- Where applicable further information (annual report or other)
- Where applicable proof of non-profit status

Contact details for any safety issue:

(Responsible person, pharmaceutical or medical qualification)

Name:

Given Name:

Profession:

Telephone numbers (landline):

Telephone numbers (mobile):

Whats App:

E-mail Address:

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Please indicate, where and who the medicines are used:

- Medicines are for sale
- Medicines are used in humanitarian aid or programs and distributed for free
- Medicines are given to patients in my institution
- Other (please describe):

Recipient hereby confirms to action medeor, that he/she is authorized or entitled by legal or administrative administration to order / receive medicines as wholesaler or to supply to the public.

Date: Stamp / Signature:

Recipient hereby confirms to action medeor to inform action medeor about

- any change of the legal or administrative status of the organization / institution with regard to the distribution of medicinal products
- any change of the responsible person

Date: Stamp / Signature:

To be filled in by action medeor:

- Requested by (Name of primary contact at action medeor):
- Information given checked by (Name of primary contact):
- Customer is personally known
- Data entry in Dynamics NAV by (Name of primary contact):

Allocated NAV Client:

Allocated Debtor Number:

Accepted (Responsible persons of action medeor):

Dr. Irmgard Buchkremer-Ratzmann *Christoph Bonsmann*

- Released in Dynamics NAV (Name and Date):