Form – Customer Approval Form

CA Pharmaceuticals

SECTION 1: Customer Information (to be completed by the customer)	
☐ New customer	☐ Amendment of existing customer information
Customer Name:	
Address:	
ABN:	
Registered Pharmacy/ Dispensary No:	

Prior to supply, you will be required to submit:

- Copy of the prescribers' authorisation under subsection 19(5) of the Therapeutic Goods Act, and/or
- Copy of the SAS category B approval
- Other:
- Other:

Comments:

Completed by (name):	Position	Signature	Date

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SECTION 2: Customer Information Review and Setup (to be completed by Canngea)		
Customer name verified?	☐ Yes	☐ No
Customer ABN verified? (ABN lookup)	☐ Yes	☐ No
Customer registration no. verified?	☐ Yes	☐ No
Customer address verified and matched registered address?	☐ Yes	☐ No
Customer added to the ordering portal?	☐ Yes	☐ No
Unique customer identifier assigned *(enter value):*		
Payment terms:		
Comments:		

Completed by (name):	Position	Signature	Date

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