Account application form

Version 2 · 10 November 2026

Please write clearly in block capitals and black ink. Boxes marked * are needed before we can review your application.

This form asks the same questions as our online application. If you would rather apply online, go to the "Open an account" page of our website.

We do not ask for bank details on this form, and we never ask for passport or identity documents.

About this application

Account type

Which account are you applying for? *

☐ Customer ☐ Supplier ☐ Manufacturer / UK market entry ☐ Customer and supplier

Your work email address *
We reply to this address.

Company details

Tell us about your registered company and what kind of business it is.

Company information

Company name *

Trading name (if different)

Company type
For example private limited company, partnership or sole trader.

Country *

Company registration number *

VAT registration number

No VAT number? Tell us why

Website

What your business does

Business type *
Tick all that apply.

☐ Wholesaler ☐ Manufacturer ☐ Pharmacy ☐ Food supplements ☐ Medical devices
☐ Other

If "Other", please describe

Addresses

Where your company is registered, where we send invoices and where we deliver.

Registered address

Registered address *

Invoice and delivery

Invoice address (if different)

Warehouse / delivery address (if different)

Your own premises, where you receive goods.

Contacts and references

Who we should contact, who may place orders, and companies that can give you a reference.

Main contact

Main contact name *

Telephone *

Company email

Fax

Director

Director name *

Director telephone

Director email *

Responsible Person

The Responsible Person (RP) is the person named on your wholesale licence who makes sure you follow Good Distribution Practice. A manufacturer may have a Qualified Person (QP) instead.

Responsible Person / Qualified Person name

Responsible Person telephone

Responsible Person email

Quality / Regulatory contact

Quality / Regulatory contact name

Quality / Regulatory contact telephone

Quality / Regulatory contact email

Approved order contacts

The people allowed to place orders for your company. Leave this empty if anyone at the company may order.

Name	Position	Email	Phone

Licence and trading

Your licence and how you would trade with us. We do not ask for bank details on this form. If you sell to us, we ask for them separately after we approve your application.

Licence

Do you hold a wholesale dealer's authorisation (WDA) or another medicines licence? *

If yes, you must answer the GDP questionnaire on the next step. GDP is Good Distribution Practice: the rules for storing and moving medicines safely.

☐ Yes ☐ No

Licence number and details (WDA or other medicines licence) *

Say who issued it, for example the MHRA (the UK medicines regulator). If you do not hold a licence, say why.

Licence expiry date DD / MM / YYYY

Trading

Currency *

☐ GBP (£) ☐ EUR (€) ☐ USD ($)

Are you an export customer (buying for a market outside the UK)?

☐ Yes ☐ No ☐ Not applicable

GDP questionnaire

Complete this section if you hold a wholesale dealer's authorisation (WDA) or another medicines licence. Answer every question for your business as it is today. Where you answer "Not applicable", say why in the comment box.

AMG014 Appendix 14B Version 03

Does the GDP questionnaire apply to your business? *

☐ Yes ☐ No

If no, tell us why

No.	Question	Yes	No	Not applicable	Comment
Medicines Policy and Records					
1	Do you have written procedures (SOPs) that comply with the current EU GDP guidelines for medicinal products?	☐	☐	☐	
2	Do you have a Quality Management System?	☐	☐	☐	
3	Do you have CAPA (corrective and preventive action) systems?	☐	☐	☐	
4	Do you have change management systems?	☐	☐	☐	
5	Do you maintain staff job descriptions and training records?	☐	☐	☐	
6	Are the documents that regulators require (for example pest control records and your WDA) available?	☐	☐	☐	
7	Are documents and records kept for at least five years?	☐	☐	☐	
Validation of Suppliers and Customers					
8	Do you keep an approved supplier and customer list?	☐	☐	☐	
9	Do you hold valid licences / WDAs for your suppliers and customers on file?	☐	☐	☐	
10	Do you use EudraGMDP (the EU database of licences) to check that licences are valid?	☐	☐	☐	
11	Will you notify Ambe immediately in writing if you are subject to a Health Authority inquiry?	☐	☐	☐	
12	Will you notify Ambe 30 days before your licence expires, or immediately if it is revoked or suspended?	☐	☐	☐	
Ordering Process					
13	Do you source medicines only from authorised wholesale dealers?	☐	☐	☐	
14	Do you have assurance that medicinal products sourced domestically for sale or further wholesale distribution have been released as EU rules require?	☐	☐	☐	
15	Are purchase orders available on request?	☐	☐	☐	
16	Are purchase orders electronically traceable?	☐	☐	☐	

No.	Question	Yes	No	Not applicable	Comment
17	Do you source products only from your own country?	☐	☐	☐	
18	Do you import medicines from other countries?	☐	☐	☐	
Warehouse Wholesale Area					
19	Are goods-in, warehouse and storage areas clean and tidy?	☐	☐	☐	
20	Are medicines, packing material and stationery stored appropriately in designated areas?	☐	☐	☐	
21	Is there a process to maintain and verify appropriate temperatures during delivery?	☐	☐	☐	
22	Is there temperature monitoring equipment in the goods-in area?	☐	☐	☐	
23	Are ambient products received, processed and stored according to their labelled conditions?	☐	☐	☐	
24	Is there a process for short-expiry and damaged stock?	☐	☐	☐	
Storage of Medicinal Products					
25	Are appropriate storage conditions maintained at all times?	☐	☐	☐	
26	Is there a process for temperature deviations?	☐	☐	☐	
27	Is there a process for stock rotation and expiry checks?	☐	☐	☐	
28	Do you have a pest-control contract?	☐	☐	☐	
29	Do you have an emergency generator?	☐	☐	☐	
Returns and Quarantine					
30	Do you have returns policies and procedures?	☐	☐	☐	
31	Are returns checked and approved by the Responsible Person?	☐	☐	☐	
32	Are returns stored at appropriate temperatures?	☐	☐	☐	
33	Is there a clearly marked, segregated quarantine area?	☐	☐	☐	
34	Is the quarantine area temperature monitored?	☐	☐	☐	
Falsified Products and Recalls					
35	Do you have a procedure that prevents receiving or supplying counterfeit or falsified products?	☐	☐	☐	
36	Can recalled batches be traced at batch level (on paper or in software)?	☐	☐	☐	
37	Will you notify Ambe directly about recalls or other product-quality issues?	☐	☐	☐	
Transportation and Outsourced Activity					
38	Are shipments traceable?	☐	☐	☐	
39	Are vehicles validated and qualified?	☐	☐	☐	

No.	Question	Yes	No	Not applicable	Comment
40	Do you have technical agreements for all outsourced activities?	☐	☐	☐	

Documents to enclose

Send copies, not originals. Tick each document you are enclosing. Please do not send passports or other identity documents.

☐ **Licences to handle medicines** (Required, unless you hold no medicines licence)
Upload your wholesale dealer's authorisation (WDA), manufacturer's licence (MIA), or pharmacy or CQC registration. If you are an export customer, upload your import or wholesale licence. Include every page. Add one file for each licence.

☐ **Company registration certificate** (Required for companies outside the UK)
Only for companies outside the UK. Upload your certificate of incorporation or an extract from your trade register. UK companies do not need to upload one, because we check Companies House.

☐ **GDP certificate** (Optional)
Your latest Good Distribution Practice (GDP) certificate, if you have one.

☐ **ISO certificate** (Optional)
For example ISO 9001 or ISO 13485, if you hold one.

☐ **Other documents** (Optional)
Anything else that supports your application, such as an insurance certificate.

Declaration

I agree: the information in this application is true and complete, I am authorised to sign it on behalf of the company, and the company accepts the Ambe Medical Group trading terms. I have read the privacy notice.

Declaration wording: 2026-11-07

Signature _____

Full name _____

Job title _____

Company name _____

Date _____

Where to send this form

Scan or photograph every page and email it, with your documents, to:

info@ambemedical.com

If you have started an online application, you can instead upload the signed form on its Documents step, under "Signed account opening form".