



## Customer Account Opening Form/Credit Application Form

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### Due Diligence Questionnaire (DDQ)

(To be filled by the Applicant/Customer)

Registered Name (Customer)			
Commercial Registration No. (C.R. No.)			
VAT Registered?	YES [ ]	NO [ ]	
If yes, VAT No.			
<b>Contact Details</b>			
Telephone No.(Land line)			
Mobile No.			
Email			
Fax			
Name of all shareholders /Partners/Owners			
	Name	CPR No.	Contact No.
1)			
2)			
3)			
4)			
5)			
<b>Branch Details</b>			
	Name of Branch	CR No.	NHRA No.(If applicable)
1)			
2)			
3)			
4)			
5)			
	Name		
	Signature & Company Seal (For Customer)		
	Date (dd/mm/yyyy)		
		Signature (For Customer)	



**Due Diligence Questions to be answered by Customer.**

**a) Do you intend to re-export the products either directly or indirectly outside the Kingdom of Bahrain?**

*(Wael Pharmacy strictly prohibits sale of our products either directly or indirectly outside the kingdom of Bahrain, including the sanctioned countries or organizations)*

Yes/No		If Yes, please provide details.	
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**b) Was your organization or stake holders ever convicted /penalized for involving in any act of corruption by any government authority under the purview of national & international anti-bribery law?**

Yes/No		If Yes, please provide details.	
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**c) Has there been any claim against you (Customer) for not paying its debts or clearing its dues?**

Yes/No		If Yes, please provide details.	
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**To be filled and applicable only for pharmaceutical products purchases - NHRA Licenses**

Facility Type	Community Pharmacy [ ]	Hospital Pharmacy [ ]	Clinics/Doctor [ ]
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Is your facility Inspected by NHRA?	YES [ ]	NO [ ]
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If Yes, NHRA License No.	
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Do you have a proper storage temperature regulated facility to store the products as per product label requirements & good storage practices?	YES [ ]	NO [ ]
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**Customer Declaration**

1. The above given information are true and accurate
2. Wael Pharmacy has solely and completely relied upon the information provided by the Customer in the above questionnaire.
3. Any inaccuracy in the provided information shall solely be Customer's liability and the Customer agrees to hold Wael Pharmacy harmless against any claims or liabilities against it for the reason of inaccuracy in the above information.
4. The Customer is authorized to purchase, sell & dispense medicines as per applicable laws & NHRA regulations, and the Customer is solely responsible for violations of any nature.
5. The Customer agrees to make the payments in a timely manner as agreed in the credit application form. Should the Customer fail to adhere to any/all of the payment terms under this credit application form, Wael Pharmacy shall have the right to block and terminate the credit facility at its sole discretion without any notice to the Customer. In such event all or any payment due to Wael Pharmacy by the Customer shall become due and payable immediately.

Credit amount required		(Amount in Bahraini Dinars)
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Credit period required		(Credit period in days)
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	Name	
	Signature & Company Seal (For Customer)	

	Signature (For Customer)
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**FOR WAEL PHARMACY USE ONLY**

Customer account proposed by	Signature	Date:
Customer reviewed by (Admin & Personnel Manager)	Signature	Date:
DDQ reviewed by (Legal Officer)	Signature	Date:
Customer accounts reviewed by (Manager-Accounts)	Signature	Date:

**Customer Credit Terms**

Approved Initial credit limit amount		(Amount in Bahraini Dinars)
Approved Initial credit period		(Credit in days)
Date of Approval		(dd/mm/yyyy)

**Our general Credit Policy for New Customers.**

1. In first 6 months, the maximum credit limits shall be up to amount, BD.1,000/- & credit period shall be up to 30 days.
2. We shall supply only against Customer's official LPO or Wael Pharmacy's order form duly signed and stamped by Customer.
3. Credit facility shall be reviewed once a year
4. Credit facility could be revised by providing of Post-dated cheque/Undated Cheque or Bank guarantee, as may be requested by Wael Pharmacy.
5. Credit limit could be revised based on purchase & payment history of Customer at the sole discretion of Wael Pharmacy.
6. Credit agreement shall be signed between both parties upon Wael Pharmacy's request.

**Documents required along with completed customer opening form & DDQ**

1. Copy of Commercial Registration Certificate (CR Copy)
2. Copy of VAT Registration Certificate (only for VAT registered organizations)
3. Copy of NHRA (only for pharmaceutical purchase)
4. Copy of self-attested CPR (detailed print copy from smart card) of all shareholders /Partners/Owners

	Name	
	Signature & Company Seal	

Signature (For Wael Pharmacy)

Signature (For Customer)