

Please confirm your details below and complete / amend as necessary

Please Use Block Capitals

Pharmacy Name	
Address	
Town	
County	
Postcode	
Telephone	
Fax	
Email	
Buying Group(s)	

Owner / Pharmacist	
Manager / Buyer	

Bank / Building Society	
Branch Name	
Sort Code	
Account Name	
Account Number	
VAT Number	

Authorised Signature		<i>Date</i>
Name / Position		<i>Please Print</i>

Data Protection Act 1998

On submitting this form, your details will be held electronically by Actavis UK Ltd and may be used in the following ways:

- To pay any retrospective discounts you may be eligible for
- To provide you with relevant information

For internal use only

Actavis Account Number	Set up/ One World	Checked by Accounts	CRM Number	Originator

Telephone: 0800 731 0370 Fax: 0800 731 0380 Email: accumulator@actavis.co.uk

