WAEL PHARMACY CO. W.L.L.

C.R. No. 26573-4

P.O. Box 648, Bldg 806, Road 3315, Block 333

Manama, Kingdom of Bahrain





	Customer Account	Opening Form/Cred	dit Application Fo	orm	
		&			
	Due Di	ligence Questionnai	re (DDQ)		
	(To b	e filled by the Applicant/Cu	stomer)		
Registered	d Name (Customer)				
Commercial Registration No. (C.R. No.)					
VAT Registered?		YES []	YES [] NO []		
If yes, VAT No.					
Contact D	<u> Petails</u>				
Telephone	e No.(Land line)				
Mobile No	0.				
Email					
Fax					
Name of a	all shareholders /Partners/Owners	•			
	Name		CPR No.	Contact No.	
1)					
2)					
3)					
4)					
5)					
Branch De	etails	1			
Name of Branch			CR No.	NHRA No.(If applicable)	
1)					
2)					
3)					
4)					
5)					
		Name			
		Signature			
		&			
		Company Seal			
		(For Customer)			
		Date (dd/mm/yaay)			
		(dd/mm/yyyy)	Signature /For Cus	tomor)	
			Signature (For Cus	tomer)	





Due Diligence Ques	stions to be answ	ered by Custome	<u>r.</u>		
a) Do you intend to re-export the products eithe	<u> </u>	<u> </u>			
(Wael Pharmacy strictly prohibits sale of our products either direct sanctioned countries or organizations)	ctly or indirectly outside	the kingdom of Bahrai	n, including	the	
Yes/No If Yes, please provide details					
b) Was your organization or stake holders ever of	onvicted /penaliz	ed for involving ir	n any act	of corruption	by any
government authority under the purview of nati	onal & internatio	nal anti-bribery la	ıw?		
Yes/No If Yes, please provide details					
c) Has there been any claim against you (Custom	er) for not paying	its debts or clear	ing its du	ues?	
Yes/No If Yes, please provide details					
To be filled and applicable only for	oharmaceutical p	roducts purchase	s - NHRA	\ Licenses	
Facility Type Community Pharmacy []	Hospital Pharmacy []		Clinics/Doctor []]
Is your facility Inspected by NHRA?	YES []	S[]			
If Yes, NHRA License No.			•		
Do you have a proper storage temperature regul	ated facility to sto	ore the products	as per pr	oduct label	
requirements & good storage practices?		YES []	NO[]		
Cu	stomer Declaration	on	•		
any form concerning an identified individual, or an individual vector personal identification number, or by reference to one or more or social identity, under the Bahrain Personal Data Protection Las future amendments thereof. I understand that the purpose of credit facility and maintaining subsequent records.	factors specific to his aw (PDPL) (Law No. 30 collecting this informat	or her physical, physio O of 2018) and its implion is to process the cre	logical, inte ementing re edit applicat	ellectual, cultural, e ules and regulation tion form for provis	conomic, s,as well
2. Wael Pharmacy has solely and completely relied upon the info			-		
Any inaccuracy in the provided information shall solely be Cus claims or liabilities against it for the reason of inaccuracy in the al		e Customer agrees to he	old Wael Ph	narmacy harmless a	gainst any
4. The Customer is authorized to purchase, sell & dispense medic for violations of any nature.	ines as per applicable la	ws & NHRA regulations	s, and the Cu	ustomer is solely res	sponsible
5. The Customer agrees to make the payments in a timely mar any/all of the payment terms under this credit application for its sole discretion without any notice to the Customer. In such ex payable immediately.	m, Wael Pharmacy sha	Il have the right to blo	ock and ter	rminate the credit	facility at
Credit amount required		(Amount in Bahr	aini Dinars)		
Credit period required		(Credit period in	days)		
	Name				
	Signature &				
	(For Customer)				
	Signature (For Cu	Lustomer)			

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For Wael Use Only		
Customer account proposed by		
Customer reviewed by (Admin & Personnel Mana		
DDQ reviewed by (Legal Officer)		
Customer accounts reviewed by (Manager-Accou		
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.	•	
 During first 6 months, only cash in advance is allowed, af credit period shall be up to 30 days. 	ter 6 months the ma	ximum credit limits shall be up to amount, BD.1,000/- &
2. We shall supply only against Customer's official LPO or W	Vael Pharmacy's orde	r 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 cheq	ue/Undated Cheque or	Bank guarantee, as may be requested by Wael Pharmacy.
5. Credit limit could be revised based on purchase & payme	ent history of Custom	er at the sole discretion of Wael Pharmacy.
6. Credit agreement shall be signed between both parties u	ipon Wael Pharmacy	's request.
Documents required along with completed custome	r opening form & [DDQ
1. Copy of Commercial Registration Certificate (CR Co	py)	
2. Copy of VAT Registration Certificate (only for VAT r	egistered organizat	tions)
3. Copy of NHRA (only for pharmaceutical purchase)		
4. Copy of self-attested CPR (detailed print copy from	smart card) of all s	shareholders /Partners/Owners
	Name	
	Signature & Company Seal	
Signature (For Wael Pharmacy)	Signature (For Customer)	