



MD12-04 ACCOUNT OPENING FORM

INSTRUCTIONS:

ONLY PERSONNEL AUTHORISED TO GIVE THE INFORMATION ABOUT THE COMPANY QMS SHOULD COMPLETE THIS FORM

FILL IN ALL POSITIONS:

SUPPLIER INFORMATION	
Company Name	
Company Registration Number	
Address	
Post Code	
Warehouse Address (if different from above)	
Telephone No	
Fax No	
Contact Name	
Position	
Alternative contact Name	
E-mail Address	

BANK ACCOUNT AND PAYMENT DETAILS	
Terms of Payment	
Currency of Payment	
V.A.T Reg. No	
IBAN Account No	
SWIFT Code	
Bank Name	
Branch	
Post Code	

FINNO MEDICAL USE ONLY	
WDA/ML provided?	
Translation provided?	
Authorisation Number	
Quality Audit Questionnaire approved?	
Responsible Person check and approved?	
Signature	
Date	
Name of the RP	
Account created on the system :	Date:
Created by:	