



# CUSTOMER ACCOUNT FORM

Account Code

## REASON FOR COMPLETION

Update information

New Practice

Associate Dentist

Other: *(Please provide details)*

Change of ownership

**If so**, when did this change happen

## TYPE OF ACCOUNT REQUESTED

Tick here if you wish to be able to purchase Medicines on this account.

*Please note only Registered Professionals with suitable qualifications can order medicines. If the account holder is not themselves a registered professional, then an authorisation form will need to be completed by a registered professional*

*In order for us to comply with our licences to sell medicines we will undertake an annual re-confirmation of the account details to ensure that medicines sales are only made to those with the correct authorisation.*

*This process may include the need to provide photo ID and any other reasonable information that DD request.*

## ACCOUNT HOLDER DETAILS

Account Type

Sole Trader

Limited Company/Partnership

Account Holder/Company Name

Company number *(If applicable)*

Full Name of person completing this form if different from account holder

Professional Registration number/s e.g. GDC, GMC, GPHC, NMC, RCVS

Account holder email

Account holder phone

Type of industry (Dental, Medical, Beauty, Care Home, Hosp/Trust)

## BILLING ADDRESS

Name of practice

Full Billing address

Postcode

CQC/HIS/HIW Number (i.e. practice, hospital address)

Billing Contact Name

Telephone number for Billing address

Billing Email address (e.g. Statements/Payment queries)

*Please note Medicines can only be delivered to a CQC/HIS/HIW registered premises or a verifiable business address.*

*If this is a non-CQC/HIS/HIW registered business address please provide a valid copy of Indemnity Insurance to order medicines.*

## DELIVERY ADDRESS

Tick here if delivery address is the same as billing address

Full delivery address

Postcode

CQC/HIS/HIW Number (i.e. practice, hospital address)

Telephone Number

Email address

Opening hours for deliveries

## CONTACT FOR ORDER ENQUIRIES IF DIFFERENT FROM ACCOUNT HOLDER

Point of contact for orders (*Full Name*)

Job Title

Phone number

Email address

## ACCOUNT HOLDER DECLARATION

By completing this form you, as the account holder or a director;

- Agree that all details given on this form are correct
- Understand that you are responsible for updating DD with any changes
- Understand that you may be asked to provide supporting documentation such as a valid copy of photo ID
- Understand that failure to provide reasonable requested documentation may result in your account being temporarily restricted from ordering medicines if applicable
- Bear the responsibility for any unauthorised access to your account as a result of you providing your account details to a third party or failure to hold them securely

When an account is authorised to purchase medicines, you acknowledge and understand that you are responsible for:

- All orders of medicines placed on this account
- Ensuring that any medicines are held in suitable conditions and in a secure location until administered
- Ensuring that suitable insurance cover is in place for the administration of medicines

You understand that medicines can only be sent to a verifiable business address of the account holder and that any request to make a change to the address for delivery will require verification.

You have read the terms and conditions at <https://www.ddgroup.com/help/terms-and-conditions> and agree to be bound by them in relation to any order.

Photo ID Attached  (*tick box*)

When applying to purchase medicines, a copy of Indemnity insurance for a non-CQC/HIS/HIW registered premises or registered business address is attached  (*tick box*)

Signed (**MANDATORY**)  
(*By Account Holder in ink*)

Date

## OPTIONAL INFORMATION

What type of work do you carry out? (e.g. NHS, Private or both)

How many treatment rooms are at the practice?

## PERSONAL DATA

This privacy notice sets out how DD Products and Services Ltd as the data controller, collects and processes your personal information in relation to your account.

As part of the DD Group of companies DD Products and Services Ltd complies with the DD Group Data Privacy Standard which can be found <https://www.ddgroup.com/help/privacy-statement/> which sets out the detailed information on how we process your personal information.

DD Group has appointed a Data Protection officer who can deal with any questions you have about the DD Group

Privacy Standard or about this notice generally. Details of the DPO can be found in the DD Group Data Privacy Standard.

The personal information we are collecting, as set out in this form, will be used to check against professional registers.

**How we will use your personal information and the legal basis for its use: We will use this information to fulfil the contract with you as well as to comply with our legal obligations.**

**Sharing your personal information: We will share your information with regulatory authorities where required to do so as well as where we are using third party storage or data processing services.**

**Retention: We will delete your personal data after seven years from the date that you cease to be a customer unless legally required to keep it for longer.**

## OPTIONAL SPECIAL INTERESTS

*DD may from time to time send marketing information. You may opt out at any time. If you have any special interests you would like to be kept up to date on please indicate below.*

Aesthetics

Orthodontics

Surgical

Implants

Anything else

Are you currently using any other suppliers? (Please use X)

Wrights

Henry Schein

Other (Please Specify)

Equipment Servicing Packages

Training & Compliance Provider

Are you a member of any Buying Group? If so, which one?

Are you part of a large Group of practices? (i.e. *National account, Corporate*)