Appendix 1 – VENDOR / SUPPLIER ASSESSMENT QUESTIONAIRE

APPLICANT COMPANY DETAILS	
Name of Applicant:	Date:
Position Within the Company:	
Company Name:	
Trading Name (where applicable):	
Company Website Address:	
Companies Primary Business Activity:	
How long has the company been in business?	
Has your business changed ownership? If Yes When?	
Companies House Reg No:	Company VAT No:
Sales Contact Name:	Sales Contact Email:
Accounts Tel No:	Accounts Email:
Warehouse Tel No:	Warehouse Email:
Head Office/Invoice Address:	Warehouse Address *(if different to Invoice address)*:
	Warehouse Contact Name:

SIGNATURES	
I am hereby authorised to sign and open an account with Decahedron Limited. I, am authorised member of this business, declare that all the information given on this account opening form is complete and accurate. I confirm that I accept the full Decahedron Terms & Conditions and I also understand that these may be revised, as required, by Decahedron. I understand that all orders will be undertaken in accordance with Decahedron Terms and Conditions. A copy of Decahedron Terms & Conditions is available upon request.	
Signature:	Date:
Name (Print):	Position:

REGULATORY CONTACT DETAILS AND WDA CHECKS

- License Information will be cross checked with Health & Regulatory body's database.
- WDA and GDP Certificates or equivalent, is required to open an account with Decahedron Limited.
- **Note: Please contact us immediately if you have any queries regarding documentation or of any changes to the status of your license.**

WDA No:	Date Granted:	Expiry Date:
GDP No:	Date Granted:	Expiry Date:

WDA Attached: Y ☐ N ☐	**GDP Cert:** Y ☐ N ☐	Authenticated English Translation(s) Included: Y ☐ N/A ☐

SUPPLIER BANKING INFORMATION

Bank Name & Address:	Account Name:
	Account No:
	Sort Code:
	IBAN:
	SWIFT/BIC:

ACCOUNT CURRENCY: GBP ☐ EURO ☐ BOTH ☐ OTHER ☐

QUALITY ASSESSMENT

	Yes	No	N/A
Do you work in accordance to an approved set of Standard Operating Procedures?	☐	☐	☐
Do you have a tested Product Recall procedure?	☐	☐	☐
Do you have a complaints procedure?	☐	☐	☐
Do you maintain a bona fide supplier list?	☐	☐	☐
Do you provide GDP training to appropriate staff?	☐	☐	☐
Do you record staff training?	☐	☐	☐
Company Name and address and legal entity Registration number (for UK companies please provide Companies House registration number)	☐	☐	☐
Does your company have other sites? If yes please document:	☐	☐	☐
Details of company ownership: Are you part of a corporation?	☐	☐	☐

	Yes	No	N/A
How many years have you been in business trading with medicinal products?			
Details on the size of the company: - Number of employees: Number of employees in Quality Department:			
Please provide details of the range of services your company provides.			
Do you have an organisational chart? If yes please provide a copy	☐	☐	☐
Is your company certified to any of the following guidelines: - ISO 9001:2015 - OHSAS 18001 - ISO 14001 (if yes please provide a copy of the most recent certification in English)	☐	☐	☐
Is your company certified according to the following criteria? - GMP, GDP, WDA(H), GxP etc. If yes please confirm last audit by regulatory agency and provide a copy of the most recent certification in English (i.e. MHRA, FDA, or other member state or competent authority).	☐	☐	☐
Does your company have a self-inspection / internal audit programme?	☐	☐	☐
Do you use the services of subcontractors? If yes do they also meet your company requirements for GMP, GDP, GxP etc.?	☐	☐	☐
Please provide details of the person responsible for Quality in your organisation & relevant qualification.			
Quality Assurance: ▪ Do you have control of your internal procedure?	☐	☐	☐
▪ Do you have processes detailing the following processes: Change Control, Deviation, GDP, training, Periodic Quality Reports, KPI measurements, Pest Control, Supplier Approval, Quality	☐	☐	☐
▪ Do you have a computer system for control of stock (If Yes is this GAMP compliant and suitable for control of rejects, recalls and quarantine) ▪ (If no do you have physical lockable / controlled area for Rejects, Recalls, Returns and Quarantine of materials)	☐ ☐	☐ ☐	☐ ☐

	Yes	No	N/A
Management responsibilities: Does your company have a Quality Management system? (If yes please provide a brief statement confirming structure of the QMS).	☐	☐	☐
Please provide details of the person who completed this questionnaire: Name: Title: Date:			
Has any Health Authority or Regulatory Body inspected your premises in the past 12 months?	☐	☐	☐
Do you carry out a self-inspections program on your premises and systems?	☐	☐	☐
Would you approve Decahedron Limited carrying out a site audit of your premises if required?	☐	☐	☐
Is the goods storage area temperature controlled?	☐	☐	☐
Are all temperature monitoring equipment appropriately calibrated?	☐	☐	☐
Are the Goods Received / Despatch areas secure and suitably protected from adverse weather?	☐	☐	☐
Do you have Pest Control program in place?	☐	☐	☐
Are all products checked for counterfeit issues?	☐	☐	☐
Do you operate a quarantine system in place?	☐	☐	☐
Do you maintain a product traceability system?	☐	☐	☐

For DECAHEDRON Internal use only:
QA APPROVAL

Approval GRANTED / REJECTED (delete as appropriate)

NAME: _____ POSITION: _____

SIGNED: _____ DATE: _____