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Appendix 1 – VENDOR / SUPPLIER ASSESSMENT QUESTIONNAIRE

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

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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 <input type="checkbox"/> N <input type="checkbox"/>	GDP Cert: Y <input type="checkbox"/> N <input type="checkbox"/>	Authenticated English Translation(s) Included: Y <input type="checkbox"/> N/A <input type="checkbox"/>


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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a tested Product Recall procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a complaints procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a bona fide supplier list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide GDP training to appropriate staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you record staff training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company Name and address and legal entity Registration number (for UK companies please provide Companies House registration number)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your company have other sites? If yes please document:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Details of company ownership: Are you part of a corporation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your company have a self-inspection / internal audit programme?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you use the services of subcontractors? If yes do they also meet your company requirements for GMP, GDP, GxP etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details of the person responsible for Quality in your organisation & relevant qualification.			
Quality Assurance: ▪ Do you have control of your internal procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Do you have processes detailing the following processes: Change Control, Deviation, GDP, training, Periodic Quality Reports, KPI measurements, Pest Control, Supplier Approval, Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ (If no do you have physical lockable / controlled area for Rejects, Recalls, Returns and Quarantine of materials)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	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).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you carry out a self-inspections program on your premises and systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you approve Decahedron Limited carrying out a site audit of your premises if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the goods storage area temperature controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all temperature monitoring equipment appropriately calibrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the Goods Received / Despatch areas secure and suitably protected from adverse weather?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have Pest Control program in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all products checked for counterfeit issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you operate a quarantine system in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a product traceability system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**For DECAHEDRON Internal use only:
QA APPROVAL**

Approval GRANTED / REJECTED (delete as appropriate)

NAME: _____ POSITION: _____

SIGNED: _____ DATE: _____