

Document copyright Cannim Australia Pty Ltd

Please read carefully and fill in all details below and sign and submit the completed form to orders@cannim.com.

PHARMACY DETAILS	
Pharmacy Name (As stated on Registration)	
ABN	
Pharmacy Address (As stated on Registration)	Street:
	Suburb:
	State:
	Postcode:
Postal Address (if different from Pharmacy Address)	Street:
	Suburb:
	State:
	Postcode:
PROPRIETOR DETAILS	
Name	
Contact Information	Phone:
	Email:
AHPRA Registration Number	
Please provide a copy of the pharmacy registration document (this document must enclose the expiry date) or a copy of the AHPRA Registration Number (in the same name as the Medicare agreement)	
PHARMACIST IN CHARGE DETAILS (IF DIFFERENT TO ABOVE)	
Name	
Contact Information	Phone:
	Email:
AHPRA Registration Number	
ONBOARDING CHECKLIST	
FOR PHARMACIES PROVIDED WITH A PHARMACY REGISTRATION DOCUMENT	
All authorised persons above have attached a copy of their AHPRA registration.	<input type="checkbox"/>
A copy of the pharmacy registration document is attached - the expiry date must be indicated on the document.	<input type="checkbox"/>
TERMS AND CONDITIONS	
<u>Placing Orders</u>	

Document copyright Cannim Australia Pty Ltd

- Accounts are approved on the receipt of the customer onboarding form and relevant registration documents.
- For applicable states a copy of the state S8 authority approval must be supplied as per table 1 below.
- For all required orders customers are required to fill out the Cannim Order Form.
- All Order Forms are to be emailed to orders@cannim.com.
- A Confirmation Form will be emailed to the email address provided above once the order has been processed.
- On receipt of the goods, the Confirmation Form will need to be signed and dated as proof of order and receipt and emailed to orders@cannim.com within 7 days of receipt.
- Orders cannot be processed without the receipt of a SAS-Cat B / Authorised Prescriber (AP) or CTN/CTA authorisation approved by the TGA showing the following.
 - Substances
 - Quantities.
 - Supply Points (where stated)
 - Any restriction and/or conditions.
- All products are only supplied in their original packaging to the registered business address.
- I understand that as the Authorised Person, it is my responsibility to ensure all stock holdings at the Dispensary are in compliance with the relevant and applicable laws and regulatory guidelines.
- I will not permit any other persons to order and receive product on my behalf
- All provided registration details will be verified through the AHPRA portal.

Payment Terms

- An invoice will be sent with for each order received and processed.
- A monthly statement will be sent with a summary of all the orders for that month.
- All invoices are required to be paid in full within 30 days of receiving the invoice.
- No further orders will be processed if there are outstanding invoices on the account.

Customer Service

- For all enquires, product information, complaints and returns please contact service@cannim.com.
- For any Adverse Drug Reaction, please immediately contact Cannim Australia on (02) 9976 2467.

ACKNOWLEDGEMENT AND ACCEPTANCE OF TERMS AND CONDITIONS

By signing this form, I the Authorised Person, acknowledge and accept the terms and conditions as outlined above and are responsible for ensuring all product handling practices are in compliance with all relevant laws and applicable regulatory guidelines.

Signature:

Date:

Name Printed:

**TABLE 1
FOR APPLICABLE STATES (S8 SUPPLY) THE FOLLOWING STATE APPROVAL MUST BE SUPPLIED UPON ORDERING**

NSW

Approval to Prescribe and Supply a Schedule 8 Cannabis Medicine for Human Therapeutic Use authorisation when prescribing to

- a drug dependent person (including a person treated under the Opioid Treatment Program), or
- a child aged under 16 years of age

Document copyright Cannim Australia Pty Ltd

Approval for Authority to Prescribe and Supply a Substance for the Purpose of Human Research authorisation for CTN/CTA (Clinical Trial) authorisation.

ACT

ACT Chief Health Officer approval form

VIC

Schedule 8 Permit when prescribing to a drug dependent person

QLD

A Request for Chief Executive Approval form when prescribing to a patient considered as drug dependent person

SA

A section 18A authority to prescribe a medicinal cannabis product that is a Schedule 8 controlled drug (drug of dependence)

TAS

Application to prescribe under Section 59E of the Poisons Act 1971

**FOR APPLICABLE STATES
FOR PHARMACIES NOT PROVIDED WITH A PHARMACY REGISTRATION DOCUMENT**

A copy of the Medicare Agreement held with the Federal Government.

A copy of the pharmacist's AHPRA registration document (in the same name as shown on the Medicare Agreement)

All authorised persons listed above have attached a copy of their AHPRA registration.

APPLICATION APPROVAL

I hereby, confirm that the customer has provided all required documentation and meets the requirements to be approved as a customer and supplied Cannim Australia products.

Name:

Role:

Signature:

Date: