Please read carefully and fill in all details below and sign and submit the completed form to [orders@cannim.com](mailto:orders@cannim.com).

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| PHARMACY DETAILS | |
| Pharmacy Name (As stated on Registration) |  |
| ABN |  |
| ACN (if Applicable) |  |
| Pharmacy Address | Street: |
| Suburb: |
| State: |
| Postcode: |
| Contact Information | Phone: |
| Email: |
| 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) and a copy of the APHRA Registration Number (in the same name as the Medicare agreement) | |
| PHARMACIST IN CHARGE DETAILS | |
| Name |  |
| Contact Information | Phone: |
| Email: |
| AHPRA Registration Number |  |

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| ONBOARDING CHECKLIST | |
| FOR PHARMACIES PROVIDED WITH A PHARMACY REGISTRATION DOCUMENT | |
| All authorised persons above have attached a copy of their AHPRA registration. |  |
| A copy of the pharmacy registration document is attached - the expiry date must be indicated on the document. |  |
| 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. |  |
| FOR ALL PHARMACIES  Please provide one of the following applicable forms upon ordering and final account approval | |
| A copy of the approved authority (SAS-Cat B, Authorised Prescriber, CTN/CTA) showing the applicable:  - Substances  - Quantities.  - Supply Points (where stated)  -Any restriction and/or conditions. |  |
| FOR APPLICABLE STATES (S8 SUPPLY) | |
| NSW | |
| Application 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 |  |
| Application 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 |  |

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| TERMS AND CONDITIONS |
| **Placing Orders**   * 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](mailto: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](mailto:orders@cannim.com) within 7 days of receipt. * Accounts will be provisionally approved until the receipt of a SAS-Cat B / Authorised Prescriber (AP) or CTN/CTA authorisation approved by the TGA (These may be provided upon ordering). * Orders cannot be processed without the receipt of a SAS-Cat B / Authorised Prescriber (AP) or CTN/CTA authorisation approved by the TGA. * 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 on the account.   **Customer Service**   * For all enquires, product information, complaints and returns please contact [service@cannim.com](mailto:customerservice@cannim.com). * For any Adverse Drug Reaction, please immediately contact Cannim Australia on (02) 9976 2467. |

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| 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: | |

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| 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: |  |