##### Form 1: Applicant Information Form

*[The Applicant shall PROVIDE all the requirements listed in this form as attachments in a folio and attest to completion and submission of the same. No alterations to the requirements shall be permitted and no substitutions shall be accepted.]*

Date:  *(of Submission*]

Pre-Qualification number:

|  |  |
| --- | --- |
| REQUIRED DOCUMENTS | SUBMITTED? |
| 1. Complete address and contact information of the pharmaceutical vendor; |  |
| 1. Website, if available; |  |
| 1. Product catalog and price list; |  |
| 1. Organizational chart (list of principals and their titles); |  |
| 1. Government documents authorizing the sale of pharmaceuticals (current licenses and/or permits); |  |
| 1. A list of the organizations that have inspected the pharmaceutical vendor within the past 24 months and the results of inspection(s); |  |
| 1. A copy of the vendor’s standard operating procedures related to their quality assurance program; |  |
| 1. List of the individuals responsible for the quality assurance of pharmaceuticals; |  |
| 1. Availability of computerized invoices, packing lists with batch numbers and delivery notices; |  |
| 1. Availability of certificates of analysis for each batch of each pharmaceutical product purchased; |  |
| 1. Assurance from the vendor that all pharmaceuticals meet international standards for quality, safety, and efficacy; |  |
| 1. Assurance that the expiration policy states that no pharmaceuticals will be sold within 12 months prior to the expiration date; and |  |
| 1. Photographs of exterior of warehouse, interior storage areas, signage, windows, delivery and shipping docks, cold storage facility, temperature monitors, shelving systems, and pest control measures; |  |
| 1. List of preferred Countries to service/supply. |  |

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##### Name of Authorized person Designation

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##### Signature Date of SubmissionForm 2: Client References

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| Name of the Client 1: |  |
| Services provides |  |
| Duration of Service |  |
| Location Implemented |  |
| Amount Involved |  |
| Contact details of contact person (Names, Mail address, Telephone number) |  |

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| Name of the Client 2: |  |
| Services provides |  |
| Duration of Service |  |
| Location Implemented |  |
| Amount Involved |  |
| Contact details of contact person (Names, Mail address, Telephone number) |  |

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| Name of the Client 3: |  |
| Services provides |  |
| Duration of Service |  |
| Location Implemented |  |
| Amount Involved |  |
| Contact details of contact person (Names, Mail address, Telephone number) |  |