



# PROSPECTUS THERAPEUTICS

*“Transforming Healthcare, Enhancing Lives...”*

## CUSTOMER ACCOUNT OPENING FORM

Date.....

CUSTOMER INFORMATION	
Full Company Name	
Year Of Registration	
Incorporation Certificate Number	
Postal Address	
Physical Location	
Telephone	
Mobile	
Official Email	
Contact Person (1)	<ul style="list-style-type: none"><li>• Name:</li><li>• Email:</li><li>• Telephone:</li></ul>
Contact Person (2)	<ul style="list-style-type: none"><li>• Name:</li><li>• Email:</li><li>• Telephone:</li></ul>
KRA Pin No.	
Type Of Business (Tick Where Applicable)	<ul style="list-style-type: none"><li>• Sole Proprietor</li><li>• Partnership</li><li>• Limited Company</li><li>• Other</li></ul> <p>Specify_____</p>

Pacific Crest Business Park, ICD Road Unit 1. P.O. Box 54000 - 00200 Nairobi, Kenya

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<b>Nature Of Business</b>	
<b>Items Required</b> <b>(Tick Where Appropriate)</b>	<ul style="list-style-type: none"> <li>• Pharmaceuticals, Nuclear Medicine &amp; Radiopharmaceuticals _____</li> <li>• Non- Pharmaceuticals _____</li> <li>• Medical Technology Solutions _____</li> </ul>

<b>DIRECTORS DETAILS</b>	
<b>Directors Name (1)</b>	
<b>ID Number</b>	
<b>KRA Pin Number</b>	
<b>Ownership Shares %</b>	
<b>Directors Name (2)</b>	
<b>ID Number</b>	
<b>KRA Pin Number</b>	
<b>Ownership Shares %</b>	
<b>Directors Name (3)</b>	
<b>ID Number</b>	
<b>KRA Pin Number</b>	
<b>Ownership Shares %</b>	

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BANK DETAILS	
Bank Name	
Branch	
Contact Person	<ul style="list-style-type: none"><li>• Name</li><li>• Email</li><li>• Telephone</li></ul>
How Long Have You Banked Here?	

REFERENCE DETAILS	
Company Name (1)	
Physical Address	
Contact Person	<ul style="list-style-type: none"><li>• Name</li><li>• Email</li><li>• Telephone</li></ul>
Company Name (2)	
Physical Address	
Contact Person	<ul style="list-style-type: none"><li>• Name</li><li>• Email</li><li>• Telephone</li></ul>
Company Name (3)	

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<b>Physical Address</b>	
<b>Contact Person</b>	<ul style="list-style-type: none"> <li>• Name</li> <li>• Email</li> <li>• Telephone</li> </ul>

ATTACHMENTS (CHECKLIST)	
<b>Certificate Of Incorporation</b>	
<b>KRA Pin Certificate</b>	
<b>CR12 Certificate</b>	
<b>Proof Of Premises (Lease Agreement/ Utility Bill)</b>	
<b>Contact Person(s) ID</b>	
<b>If Interested in Pharmaceuticals, Nuclear medicine &amp; Radio pharmacy</b>	<ul style="list-style-type: none"> <li>• Current &amp; up to date PPB Registration Certificate</li> <li>• Superintending Pharmacist License</li> <li>• Premises License</li> <li>• KNRA license</li> </ul>
<b>Directors KRA PIN</b>	
<b>Directors ID copy</b>	
<b>Bank Reference Letter</b>	

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I \_\_\_\_\_, of ID number \_\_\_\_\_,  
having read the terms & conditions and duly completed this form hereby confirm that all details  
presented are accurate and up to date.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## FOR OFFICIAL USE ONLY

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Recommended By: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVED ACCOUNT STATUS: \_\_\_\_\_

REMARKS:

### TERMS & CONDITIONS.

1. Ensure account opening Forms are duly completed with accurate Information.
2. Ensure all necessary attachments are provided when returning account opening form.
3. Account application approval subject to the discretion of management.
4. All accounts shall be due on demand.
5. Overdue accounts shall accrue at a rate of 2.5% per month from the due date for the first month, after which they shall accrue at a rate of 5% per month.
6. All payments shall be done by way of Cheque, Mpesa or RTGS. Cash Payments shall not be accepted.
7. For payments executed by way of Cheque or RTGS, please allow for clearing to ensure un-interrupted service.

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