

Docnummer: FR050-50.03 Pagina: Pagina 1 van 1 Versie: 1.0 Versiedatum: 17-jul-2019	Orderontvangst/- verwerking	
Eigenaar: Manager Customer Service	FR050-50.03 Customer Verification Luxemburg	Autorisatie: Responsible Person (RP)

Delivery address	
Name	
Address	
Postal code	
City	
Department	
Contact person	
Telephone number	
E-mailaddress	
Official website	
Opening hours	

Invoice address	
Name	
Address or PO box	
Postal code	
City	
E-mailaddress	
VAT-number	

Signature			
Name Pharmacist:	Signature Pharmacist:	Date:	

Be aware: After reception of the completely filled form, Alloga needs 48 hours to process the data.

In te vullen door Alloga/To be filled by Alloga		
Registercheck uitgevoerd:	1e check: Senior Employee CS	2e check: Responsible Person
Akkoord	<input type="checkbox"/> Ja (uitdraai toevoegen)	<input type="checkbox"/> Ja
	<input type="checkbox"/> Nee (opdrachtgever informeren)	<input type="checkbox"/> Nee
Naam		
Datum + Paraaf		
Klantgegevens opgevoerd:		
Naam:	Datum:	Paraaf: