


# RAND PHARMACEUTICAL DISTRIBUTORS (PTY) LTD

REG: 1997 / 000634 / 07

VAT: 4560167464



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LAUDIUM  
PRETORIA  
GAUTENG  
SOUTH AFRICA  
0037

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 065 923 6563

[www.randpharm.co.za](http://www.randpharm.co.za)

## CREDIT ACCOUNT APPLICATION

### APPLICANTS DETAILS:

Registered name : .....  
Company registration number : .....  
VAT registration number : .....  
Trading name : .....  
Company type : .....  
Date established : .....

### Associated Companies

Name: ..... Company registration number .....  
.....  
.....

### Holding Company

Name: ..... Company registration number .....  
.....  
.....

Postal Address : .....  
: .....  
City: .....Postal Code:.....

Physical Address : .....  
: .....  
: City: .....Postal Code:.....

Telephone number : .....  
Fax number : .....  
Email Address : .....  
Auditor's Details : .....  
Auditor's Telephone : .....

**TERMS AND CONDITIONS**

The representative of the Applicant hereby warrants that the information contained in this application is true and correct.

- (a) Certify that I am / we are authorized to complete this form on behalf of the Applicant.
- (b) The applicant acknowledges that if this application is successful, all goods bought by the Applicant from the Supplier are sold subject to the following terms and conditions:-
  1. The Applicant consents to the jurisdiction of any Magistrates Court having jurisdiction by virtue of Section 28 of the Magistrates Court Act for the determination of any claim which would otherwise be beyond the jurisdiction of the Magistrates Court because of the amount of the claim.
  2. The Applicant acknowledges that credit facilities may be withdrawn by the Supplier at its discretion, at any time without prior notice.
  3. The Applicant agrees that should it become necessary for the supplier to proceed against the Applicant in a court of law at any time, the whole amount outstanding on the Applicant's account will immediately become due and payable, notwithstanding the fact that a portion of the amount would not be owing in accordance with the required terms of payment and furthermore concedes that a certificate signed by a Director of the Supplier shall be satisfactory proof both of the existence of the debt as well as the amount owing, unless the contrary is proved.
  4. Unless otherwise agreed to in writing by the Supplier, the net purchase price shall be paid by the Applicant within thirty (30) days from date of statement evidencing the amount due.
  5. The Applicant agrees that if any payment is not made on due date, the Supplier shall without prejudice to its rights, be entitled to charge interest on all amounts outstanding at the rate equivalent to the maximum rate permissible in terms of the Usury Act, 1968, as amended, or any other applicable legislation.
  6. In the event of legal action being taken for recovery of amounts due, then the Applicant will be liable for all legal costs, including collection charges and all attorney / client costs. All payments made shall be allocated firstly towards such fees and charges thereafter to interest and finally to capital.
  7. All goods sold to the Applicant will remain the exclusive property of the Supplier, until the purchase price has been paid in full by the Applicant. As far as any obligation is to be evidenced by way of payment, only once the Supplier is in possession of such payment, shall the Applicant be deemed to have paid the Supplier. As such, without prejudice to any other rights in law, the Supplier shall be entitled to retake possession of anything delivered to the Applicant, and to remove the goods in the event of payment not having been made. In particular the Applicant shall not have any rights to claim damages, including consequential loss as a result thereof.
  8. If the Applicant is a Corporate Body, then and in such event all its Shareholders/Members/Directors, as the case may be, by their signature/s in this application, bind themselves as Surety and Co-Principal Debtor in solidum with the Applicant of all it's publications to the Supplier, hereby renouncing the benefits of the legal exceptions of no value received, revision of accounts, errors calculi, non numeratae pecuniae and non causa debiti and acknowledging that they understand the full force and effect thereof.
  9. The Applicant hereby appoint the address stipulated on this form as it's domicilium citandi et executandi for all purposes incidental to or arising out of the Application.
  10. Without derogating from any of the provisions hereof, all goods sold by the Supplier to the Applicant, shall be sold and delivered, subject to the Supplier's normal terms and conditions in existence from time to time.
  11. Customers applying for a **pharmaceutical wholesale** account must be in possession of a registration certificate from the pharmacy council as a pharmaceutical wholesaler. (A copy of the certificate must accompany your application)
    - a) Orders placed via the shortdated.co.za platform are non-returnable
    - b) Goods are sold voetstoets
    - c) Deliveries will only be done to customers who have a Rand Pharmaceuticals account.

**Authorized signature by Applicant;** .....

**PROPRIETOR / MEMBER / DIRECTOR:**

If applicants are female please state your marital status – Under Anti-nuptial / Accrual System / In Community of property

- 1. Full Name:..... Identity number: .....
- Position:..... Tel no:.....
- Address:..... Postal code:.....
- Details of fixed property:..... Bondholder:.....
- .....
- Marital status:..... ANC/AS/ICP:.....
- Spouses full name:.....

**Signature (Proprietor/Member/ Director):** .....

- 2. Full Name:..... Identity number: .....
- Position:..... Tel no:.....
- Address:..... Postal code:.....
- Details of fixed property:..... Bondholder:.....
- .....
- Marital status:..... ANC/AS/ICP:.....
- Spouses full name:.....

**Signature (Proprietor/Member/ Director):** .....

**TRADE REFERENCES:**

- 1. Supplier name : .....
- Acc Number : .....Tel no: .....
- Remarks (Office use only) : .....
  
- 2. Supplier name : .....
- Acc Number : .....Tel no: .....
- Remarks (Office use only) : .....
  
- 3. Supplier name : .....
- Acc Number : .....Tel no: .....
- Remarks (Office use only) : .....

Notarial Bonds in favour of : .....  
Securities or Cessions in favour of : .....  
Please specify types and dates : .....  
Bankers : .....  
Branch : .....Account no: .....

**Contact persons:**

Buyer : ..... Tel no:.....  
Accounts/payments : ..... Tel no:.....

Special requirements re invoices and statements: .....

**PERSON RESPONSIBLE TO PHARMACY / MEDICAL COUNCIL**

Full name : .....  
Qualifications : .....  
Registration number : .....  
  
Signature : .....

**DOCUMENTATION REQUIRED**

Please attach with your application, copies of the following documents:

- 1) **The company's VAT registration certificate (ALL APPLICANTS)**
- 2) **The registration certificate for the Responsible Pharmacist from the South African Pharmacy Council if the applicant will be purchasing pharmaceuticals.**
- 3) **The registration certificate for the company to act as a pharmacy from the South African Pharmacy Council if the applicant will be purchasing pharmaceuticals.**
- 4) **If applying as a pharmaceutical wholesaler, the registration certificate from the Medicines Control Council to act as a wholesale pharmacy.**
- 5) **Doctors applying for credit must please attach a copy of their**
  - **HPCSA REGISTRATION**
  - **UNIVERSITY QUALIFICATION**
  - **DISPENSING LICENSE**

**TERMS AND CONDITIONS:**

I/We, the undersigned, \_\_\_\_\_ in my / our capacity as an authorized representative of the applicant, hereby make application for a credit facility with \_\_\_\_\_ (the Supplier) on the terms and conditions listed on this application.

<b>COMPANY STAMP</b>

Name: .....

Position: .....

Signature: .....

Witness to Signature: .....

Date: .....

Witness to Signature: .....

Date: .....

**Average monthly purchases:** .....

**Credit limit applied for:** .....

**SCAN AND EMAIL TO: [KARAN@RANDPHARM.CO.ZA](mailto:KARAN@RANDPHARM.CO.ZA)**

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**FOR OFFICE USE ONLY**

Type of Customer :

Credit Limits Approved :

\_\_\_\_\_  
Pharmacist

\_\_\_\_\_  
Credit Controller

\_\_\_\_\_  
Director