



Citi Setup Form – Auto Financing Option

Pharmacy Earlier Payment Scheme

New Pharmacy Account Setup

Account Type: **Automatic Discount**

This Setup Form will be used to automatically convert the balance of your receivables account to cash. All fields are to be completed in English. Those marked with * are mandatory. Please type or print clearly in black or dark blue ink.

1. Trading Entity Details		
* Name (Full company legal/ registered name, including any suffix, such as "PLC" if applicable):		
* Company Registration Number (applicable for limited companies only):		
* Country of Incorporation:		
* Registered Address :		
* City:	* County:	* Postal Code:
* Country:	Main Phone Number:	
Website Address/URL (if any):		

1A. Your NHS BSA Registration details	
* Does your pharmacy have YP Code (s) provided by the NHS BSA:	<input type="checkbox"/> Yes <input type="checkbox"/> No
* If Yes, please provide (all) the YP Code (s) below: (use a separate sheet if necessary and clearly mention your pharmacy head office name, address and post code on the top) For the 'YP' code we need the Head Office Company name. This code can be found on the Remittance advice of the payment schedule (top left hand corner)	
* If No, please provide (all) the F code (s) below: (use a separate sheet if necessary and clearly mention your pharmacy head office name, address and post code on the top) Please note, if you have provided the YP code (s) above, then <u>DO NOT</u> provide the F codes that are linked to that particular 'YP'code.	

2. Ownership			
*For the purposes of Anti Money Laundering Compliance, please provide the full name(s) and Dates of Birth of any individual(s) who ultimately own or control more than 25% of the Company. <i>(insert rows as necessary)</i>			
Title	First Name(s)	Last Name	Date of Birth (DD/MM/YY)
If no person owns or controls more than 25% of the Company, please tick here (applicable for companies and partnerships only): <input type="checkbox"/>			

3. Bank Account Details (for paying into your designated bank account)		
* Attach copy of voided check OR copy of bank statement OR bank letter for the bank account number mentioned below. Please note the document you attach should be less than 3 months old. Original is not required.		
* Bank Name:	* Account Number:	
* Name on Bank Account:		
* Currency:		
* Bank Sort Code:		
* Address:		
* City:	* County:	* Postal Code:

4. Primary Contact Details (for contacting you, if necessary)	
Title (Mr., Ms., etc.):	* First Name:
* Last Name:	* Job Title:
* Telephone No. & Ext:	* Fax Number:
* Email Address:	
* Address (street, city and state/province):	
* Postal Code:	* Country:
* Is Primary Contact also to be a User of the Citibank System?	Yes No

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5. User Details (individuals requiring access to the system)	
Individual User 1	
Title (Mr., Ms., etc.)	
* First Name	
* Last Name	
Job Title	
* Email Address	
* Telephone Number & Ext.	
Individual User 2	
Title (Mr., Ms., etc.)	
* First Name	
* Last Name	
Job Title	
* Email Address	
* Telephone Number & Ext.	
Individual User 3	
Title (Mr., Ms., etc.)	
* First Name	
* Last Name	
Job Title	
* Email Address	
* Telephone Number & Ext.	

Additional Users: If you need to set up more than 3 users, copy this form and revise the user number to Individual User 4, 5, etc.

Execution Page

Please sign on the applicable signature block

Nr.	Type of trading entity
1	<p>Sole Trader</p> <p>Signed by _____ (full name), trading as _____</p> <p>.....</p> <p>(sign)</p> <p>Date: _____</p>
2	<p>Company</p> <p>Executed by _____ (insert full name of company), a limited company incorporated in England and Wales with registration number _____ and registered office located at _____, acting by:</p> <p>.....</p> <p>(sign)</p> <p>Director: _____ (Name)</p> <p>Date: _____</p> <p>.....</p> <p>(sign)</p> <p>Director: _____ (Name)</p> <p>Date: _____</p> <p>.....</p> <p>(sign)</p> <p>Director: _____ (Name)</p> <p>Date: _____</p>

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Partnership

A. Signed by _____ (full name of partner), a partner duly authorised to enter into this Form of Auto-Financing Request for and on behalf of _____ (name of partnership)

.....

(sign)

Title: Partner

B. Signed by _____ (full name of partner), a partner duly authorised to execute this Form of Auto-Financing Request for and on behalf of _____ (name of partnership)

.....

Title: Partner

C. Signed by _____ (full name of partner), a partner duly authorised to enter into this Form of Auto-Financing Request for and on behalf of _____ (name of partnership)

.....

(sign)

Title: Partner

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Limited Liability Partnership

Executed by _____ (*insert full name of limited liability partnership*), a limited liability partnership registered in England and Wales with registration number _____ and registered office located at _____, acting by:

.....

(sign)

Member: _____ (Name)

Date: _____

	<p>.....</p> <p>(sign)</p> <p>Member: _____ (Name)</p> <p>Date: _____</p> <p>.....</p> <p>(sign)</p> <p>Member: _____ (Name)</p> <p>Date: _____</p> <p style="text-align: center;">(AT LEAST 2 MEMBERS OF The LLP MUST SIGN)</p>
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Supporting Documents

Please do not forget to provide a bank verification document in the form of:

- Letter from your bank confirming bank account name and number;
- Voided cheque; or
- Less than 3 months old bank account statement (copy not originals)