Pharmacy Guild Account Application: Pharmacode®

Return the completed form via:
Email to **accounts@pgnz.org.nz** cc **Pharmacode@pgnz.org.nz**
Mail to **PO Box 27139 Marion Square, Wellington 6141**
or Fax to **64-4-384 8085**

Account Details

Account Name

Contact Details

Physical Address
Give street number, street name, suburb, town/city, and postcode if known

Postal Address (if different)
Give PO Box/Private Bag, suburb, town/city, and postcode if known

Account Main Phone & Fax

Account Contact Email

Billing Email
(invoice/statements will be sent to this address if provided)

Authorised Person(s)

The following person(s) are nominated to be responsible persons for Pharmacode activity within your company.

First	Last Name
First	Last Name
First	Last Name

Full name of signatory for this Account:

Signature:

Date:

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