



## Gabo Pharmaceuticals LTD Customer Application Form

<b>GENERAL INFORMATION:</b> This information can be used to set up an account.	
<b>COMPANY NAME</b>	
<b>COMPANY REGISTERED ADDRESS</b>	
<b>TRADING NAME (IF DIFFERENT)</b>	
<b>TRADING ADDRESS (if different)</b>	
<b>INVOICING ADDRESS (if different)</b>	
<b>DELIVERY ADDRESS (if different)</b>	
<b>TELEPHONE/FAX NUMBER</b>	
<b>EMAIL ADDRESS</b>	
<b>COMPANY REGISTRATION No. (if applicable)</b>	
<b>VAT REGISTRATION No. (if applicable)</b>	
<b>NAME OF REGULATORY AUTHORITY / NATIONAL REGULATORY WEBSITE</b>	
<b>Registration No. (if applicable)</b>	
<b>BANK NAME</b>	
<b>BANK SORT CODE</b>	

<b>BANK ACCOUNT NUMBER</b>	
<b>IBAN / SWIFT</b>	
<b>KEY CONTACTS</b>	
<b>MANAGING DIRECTOR'S/OWNER'S NAME</b>	
<b>ADDRESS</b>	
<b>CONTACT NAME (IF DIFFERENT)</b>	
<b>ADDRESS (IF DIFFERENT)</b>	
<b>TELEPHONE/FAX AND EMAIL (IF DIFFERENT)</b>	<b>TELEPHONE/FAX:</b>  <b>EMAIL:</b>

<b>Trade References: ONE</b>	
<b>COMPANY NAME</b>	
<b>ADDRESS</b>	
<b>CONTACT NAME (IF KNOWN)</b>	
<b>TELEPHONE/FAX AND EMAIL</b>	<b>TELEPHONE/FAX:</b>  <b>EMAIL:</b>

<b>Trade References: TWO</b>	
<b>COMPANY NAME</b>	
<b>ADDRESS</b>	
<b>CONTACT NAME (IF KNOWN)</b>	
<b>TELEPHONE/FAX AND EMAIL</b>	<b>TELEPHONE/FAX:</b>  <b>EMAIL:</b>

I hereby certify that the information included in this form is a true reflection of procedures and activities undertaken by the stated company. I agree to abide by the terms and conditions set up by Gabo Pharmaceuticals LTD.

Signed for and on behalf of the Company:

**Print Name:**

**Job Title:**

**Date:**

**THANK YOU FOR COMPLETING THIS APPLICATION**

**Please return to the completed form to**

**Gabo Pharmaceuticals LTD**

**Unit 20c, 37 Nursery Road**

**Hockley**

**Birmingham**

**B19 2XN**

**Email: Omar@gabo.uk**

**Mobile 07415134166**

**FOR OFFICIAL USE ONLY:**

**ACCOUNT ACCEPTED: YES/NO**

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**Signed for and on behalf of Gabo Pharmaceuticals**

**Print Name:**

**Job Title:**

**Date**