

Existing Distributor Review Form

1	Contact Name & Title	Karl Glazebrook – Director			
	Position	Dire	Director		
	Department				
	Organisation Full Name	Nine Group International			
	Full Address	Freedom House			
		Par I	Par Moor Road		
		Par			
	Postcode (Zip Code)	PL24 2SQ			
	County / Region	Corr	Cornwall		
	Telephone No.	0172	01726813979		
	Mobile Telephone No.				
	Skype Username				
	Fax No.				
	Email Address	karl(@ninegrp.com		
	Website	www	ninegrp.com		
	Currency required	Euro	Euro € US Dollar \$ UK Pound £ ■		
2	VAT No.	GB1	GB124360838		
	Company Registration No.	OC3	OC382638		
	Nature of Business	Medi	Medical Distributor		
	Date Established	13 F	eb 2013		
	Type of Company	Limit PLC	ed ☐ Partnership ☐ Sole Trader ☐ Other ■ (please specify)		
3	Accounts Department Contact:				
	Name	Wen	Wendy Sayers		
	Address (if different from above)				
	Postcode (Zip Code)				
	County / Region				
	Telephone No.	01726813979			
	Fax No.				
	Email Address		Wendy.sayers@ninegrp.com		
	Email Address for Invoices	Accounts-payable@ninegrp.com			
4	Purchasing Department Contact				
	Telephone No.	0172	6813979		
	Fax No.				
	Email Address	proc	procurement@ninegrp.com		
5	Sales Department Contact:				
	Name		Joel Glazebrook		
	Telephone No.		01726813979		
	Fax No.				
	Email Address		joel@ninegrp.com		
6	Regulatory Contact:				
	Name		Hayden Glass		



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	Telephone No.	01726813979			
	Fax No.				
	Email Address	Hayden.glass@nineg	grp.com		
7	Post Market Surveillance Contact:				
	Name	Karl Glazebrook			
	Telephone No.	01726813979			
	Fax No.				
	Email Address	karl@ninegrp.com			
8	Can you provide traceability for all sales in the event of a product recall?	Yes	No 🗆		
9	Insurance				
	Do you have insurance to cover your order shipments from Viamed in the event of loss or damage?	Yes	No 🗆		
	Do you require chargeable insurance to be added by Viamed to all future orders to be insured by UPS (charged at 1% of shipments goods value minimum £10.00/€11.50/\$12.50)? Should you opt out of our insurance, you are liable for goods as soon as they leave Viamed's premises.	Yes	No 🗆		
Our Terms and Conditions are posted on our website (www.viamed.co.uk/terms), please read them thoroughly and sign below to accept them. Signature: Print Name:					
Please submit this form via email to distributors@viamed.co.uk					