

National Pharmacies

PRODUCT SUBMISSION FORM



Please Note: New products will not be considered without all relevant areas being completed and authorised.

SUPPLIER DETAILS

SUPPLIER NAME : _____	AGENT'S NAME : _____
ADDRESS : _____	ADDRESS : _____
SUBURB : _____ PC: _____	SUBURB : _____ PC: _____
TELEPHONE : _____ FAX: _____	TELEPHONE : _____ FAX: _____
CONTACT: _____	CONTACT: _____

Pharmacy Only	<input type="checkbox"/>	New Line	<input type="checkbox"/>
Open Seller	<input type="checkbox"/>	Line Extension	<input type="checkbox"/>
S2	<input type="checkbox"/>	Product Deletion	<input type="checkbox"/>
S3	<input type="checkbox"/>	Replacement	<input type="checkbox"/>
S3 Advertised	<input type="checkbox"/>		

SUPPLIER'S TRADE DISCOUNTS	WAREHOUSE ALLOWANCE <input type="text"/> %	OFF INVOICE DISCOUNT <input type="text"/> %	REBATE <input type="text"/> %	BONUS <input type="text"/>	OTHER (Please specify) <input type="text"/>	<input type="text"/> %
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PRODUCT DETAILS

All details must be completed

National Pharmacies Use Only

PRODUCT DESCRIPTION	Supplier Product Item Number	Supplier List (Before Disc & Excl GST)	Retail GST Y/N	RRP Incl GST	Unit Pack Details (mm)			Outer/ Ctn Qty	Inner/ Shrink Qty	Product APN/EAN	National Pharmacies Use Only														
					Height	Width	Depth				Supplier No.	Nett Cost (Ctn) Excl GST	Nett Cost Unit Excl GST	GP %	Retail Excl GST	Retail Incl GST	Brand Number	Dept	Class	Sub Class	New SKU				
																						Height	Width	Depth	Supplier No.
A																									
B																									
C																									
D																									
E																									

AUTHORISATION (In consultation with Merchandise Department)

- ⇒ Image(s) of product(s) must be supplied via email to space@nationalpharmacies.com.au
- ⇒ At least six (6) weeks notice will be required for all price and pack changes
- ⇒ Suppliers are requested to provide all the above information when presenting new product submissions
- ⇒ Where applicable please attach Material Safety Data Sheet for flammable/hazardous products

We hereby declare that the goods which are represented as therapeutic goods in this submission comply with all the requirements of the Therapeutic Goods Act in addition to all relevant laws and regulations under each State Pharmacy Acts. These products must also meet the requirements of all relevant Australian Commonwealth and State Legislation.

SIGNED: _____
 TITLE: _____

DATE: _____

Entered By: _____

Warehouse Direct
 All Stores Location Trait

Comments: _____

