

SUPPLIER DATA QUESTIONNAIRE

CORRISPONDENZA

Company: _____
Street / building no.: _____
Post-office box: _____
Postcode / town or city: _____
Country: _____
Telephone number: _____
Fax number: _____
Branch: _____
Language spoken: _____
GLN: _____
Homepage: _____
Email adress: _____

ORDER INFORMATION

→ Free home delivery without minimum order.

Order format: EDI EDI-Code: _____
 e-mail Indirizzo: _____

Delivery time (provisioning time): _____
Days(max. 3 days)

Suggested order day(Monday to Friday):
 MON
 TUE
 WED
 THU
 FRI

Intervalli:
 (6) weekly
 (12) fortnightly
 (24) monthly

Additional order Yes No

Indirizzo ordine:
(se diverso dall'indirizzo di corrispondenza) _____

CONDITIONS OF RETURN

Supplier questionnaire-Data collection



W201FOU10/2-EN

Would you accept returns from customers via the wholesaler? Yes (→ please fill in the conditions of return form) No

Return address:
(if different from correspondence address)

INFORMATION ON MERCHANDISE DELIVERY INVOICES

Your bank details:

IBAN:

SWIFT / BIC:

Account no.:

Bank clearing no.:

Bank address:

Name:

Street / building no.:

Postcode / town or city:

Country:

Your billing address:
(if different from correspondence address)

VAT number:

Payment terms:

- 15 days, % discount
 30 days, % discount
 45 days, % discount
 60 days, net

Currency:

CHF

e-Mail to count recovery of Bonus condition:

e-Mail for logistics cost recovery calculation

BILLING INFORMATION FOR MARKETING ACTIVITIES/SERVICES

Our bank details:

IBAN: CH 79 0024 7247 9594 5601 W

SWIFT / BIC: UBSWCHZH80A

Account no.: 95945601W

Bank clearing no.: 00247

Bank address:

UBS AG
Bahnhofstrasse 45
CH-8098 Zürich

Our address:

Unione Farmaceutica Distribuzione SA
Via Figino 6
6917 Barbengo-Lugano

VAT number:

CHE-105.719.926 MWST

Payment terms:

30 days, net

Fields not filled in must be cancelled

Author: Simone Silvestri

Valid from: 15.02.2025

Supplier questionnaire-Data collection



W201FOU10/2-EN

Currency:

CHF

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W201FOU10/2-EN

ITEMS TO BE DISCUSSED WITH BUYER

- _Decision on recording of stock
- _Marketing activities
- _Terms and conditions of purchase
- _Supplier's declaration of conformity
- _Other points

APPENDICES

- _Extract from Registry of Commerce
- _Invoice template
- _FOPH / Swissmedic authorisations
- _Declaration of Conformity
- _ISO certificates
- _Conditions of Return Form

SIGNATURE

Person responsible for the information being correct:

Name: _____

Department: _____

Role: _____

Telephone number: _____

Fax number: _____

Email: _____

I have read and accept the General Terms and Conditions of Purchase (GTC) of UFD.

Place, date

Signature

PLEASE RETURN THE COMPLETED FORM TO:



Unione Farmaceutica Distribuzione SA
Purchasing Department
Via Figino 6
CH – 6917 Barbengo-Lugano

Fields not filled in must be cancelled

Author: Simone Silvestri

Valid from: 15.02.2025