

AKSYS ACCOUNT APPLICATION FORM

Instructions for completion

This form is to be completed by the *primary account holder* — such as a single hospital entity, hospital network parent group, or corporate entity — to establish or amend an account with Akesa Pty Ltd.

For assistance, please contact our friendly support team at welcome@aksys.com.au

Set-up in four simple steps

1. Complete all required fields in the relevant sections.
2. To register multiple delivery locations (for new or existing accounts), please complete Section 3.
3. Once finalised, ensure the declaration in Section 4 is signed.
4. Submit the completed form via email to welcome@aksys.com.au.

Note: Akesa may only supply scheduled medicines to authorised entities. All delivery addresses must hold a valid licence, permit, or exemption.

Section 1: Parent group / Institution details			
Contact name			
Position			
Email		Phone	(+)
Company name			
Company ID ^①	ID type (ABN / ACN)		ID number
Company address			
Delivery address (If different to company address) For multiple locations, see Section 3.			
Authorisation for supply Please provide: Premises Registration Number, Health Services Permit, Healthcare Facilities License, and or AHPRA number as required. For more information, see page 2.			
Primary company phone	(+)	Website	
Comments			

Section 2: Billing details (if different to above)			
Entity name (In full)			
Entity ID ^①	ID type (ABN / ACN)		ID number
Entity address (If different to company address)			
Accounts and billing contact details			
Contact name		Contact email	
Contact phone		Invoice email (If different from above)	

Section 3: Additional premises or hospital site locations
For additional site locations, please provide relevant information in the provided Excel spreadsheet.

Section 4: Declaration		
Product cannot be supplied until this form is completed, signed and submitted to Akesa. Supporting documentation such as registration, licenses or permits may be required upon request.	As the authorised individual, practitioner or company representative, by signing below I understand: <ul style="list-style-type: none"> • I am responsible for the order, supply and administration (as applicable) of the product and/or service; • I must provide proof of registration / licensing / authority, as and when requested by Akesa; • all deliveries must be addressed to me, the Authorised Person, or the licensed entity defined in Section 3; • all invoices will be marked to me, the Authorised Person, or the licensed entity defined in Sections 1 to 2; • I must notify Akesa of any changes related to this account; • I am affirming the information provided within this application is true and accurate; and • my legal obligations associated with the order and receipt of scheduled goods. 	
Name (Please print) _____ Position _____	Signature _____ Company _____	Date _____

Please send the completed form in its entirety along with all supporting documents via email to welcome@aksys.com.au

Understanding your licensing requirements

There are a range of regulatory and licensing requirements that may apply to your organisation. Please find a detailed summary, by state, below for ease of reference.

State/Territory	Private hospital pharmacies / Retail pharmacies	Private hospital		Public hospital / Public hospital pharmacies
Victoria	Please provide your pharmacy registration number issued by the Victorian Pharmacy Authority.	Please provide a copy of your permit issued by the Victorian Department of Health. <i>e.g. Health Services Permit</i>		Please provide a copy of your permit issued by the Victorian Department of Health. <i>e.g. Health Services Permit</i>
New South Wales	Please provide your pharmacy registration number issued by the Pharmacy Council of New South Wales.	Please provide a copy of your Private Health Facilities Licence.		
Queensland	Please provide your registration number issued by the Pharmacy Board of Queensland.			
South Australia	Please provide your pharmacy registration number issued by the Pharmacy Regulation Authority SA (PRASA).	Please provide a copy of your licence or permit issued by South Australian Health.		Please provide a copy of your licence or permit issued by South Australian Health.
Western Australia	Please provide your registration number issued by Pharmacy Registration Board of WA.	Where a <i>central pharmacy</i> is used to manage medicines supply, please provide your registration number issued by the Pharmacy Registration Board of Western Australia.		Please provide a copy of your permit issued by Western Australia Health.
Australian Capital Territory	Please provide your pharmacy registration number issued by the Australia Health Practitioner Regulation Agency (AHPRA).	Please provide a copy of your Health Care Facility licence.		Please provide a copy of your Health Care Facility licence.
Northern Territory	Please provide a pharmacy registration number issued by the Australia Health Practitioner Regulation Agency (AHPRA).			
Tasmania	Please provide a registration number issued by the Tasmanian Pharmacy Authority.	Please provide a copy of your Health Service Establishment licence.	For private day-procedure hospitals, please provide the responsible practitioners AHPRA number.	