

## 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 address: \_\_\_\_\_

### 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



W201FOU10/1-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

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

Currency:

CHF

Fields not filled in must be cancelled

Author: Simone Silvestri

Valid from: 15.09.2022

# Supplier questionnaire-Data collection



W201FOU10/1-EN

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## 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

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## PLEASE RETURN THE COMPLETED FORM TO:



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

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Fields not filled in must be cancelled

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