Medical Practitioner Account Application

Accounts are considered only for medical doctors and dentists registered with the HPCSA and in good standing. Practitioner accounts operate on a Cash on Delivery basis. A valid doctor-issued prescription is required for every Rx-only order.

HPCSA VERIFIED | COD ONLY | RX DOCUMENT PER ORDER

A. APPLYING MEDICAL PRACTITIONER

Title

Full names

Surname

ID / passport number

Profession (Medical Doctor / Dentist)

HPCSA registration number (MP / DP)

Practice / PCNS number

Speciality / field of practice

Mobile number

Email address

B. PRACTICE / LEGAL ENTITY DETAILS

Registered legal name

Trading name

Company / entity registration number

Practice telephone

Practice email

Physical practice address

Courier delivery address (required - no customer collection)

C. AUTHORISED ORDERING CONTACT

Full name

Position / role

Mobile number

Email address

Account Terms

Please read and accept every condition. Account activation and ongoing supply remain subject to practitioner verification and written approval by Veridia Medical.

D. REQUIRED SUPPORTING DOCUMENTS

- ☐ Copy of practitioner ID or passport
- ☐ Current proof of HPCSA registration and good standing
- ☐ Proof of practice address (not older than 3 months)
- ☐ Company / entity registration documents, if applicable
- ☐ Letter of authority for ordering contact, if applicable

E. MANDATORY ACCOUNT CONDITIONS

☐ **HPCSA registration and good standing**
I confirm that I am a medical doctor or dentist registered with the HPCSA, that my registration is current, that I am in good standing, and that I authorise Veridia Medical to verify my registration status.

☐ **Cash on Delivery only**
I understand that practitioner purchases are supplied on a Cash on Delivery (COD) basis. No credit facility, payment term, running account or delayed payment arrangement is offered unless expressly approved in writing by Veridia Medical.

☐ **Prescription and order documentation**
I understand that every Rx-only order must be supported by a valid prescription issued and signed by a medical doctor. Other product-specific or professional-scope documentation may also be required. Veridia Medical may decline or delay an order until all required records are received and verified.

☐ **Professional scope and responsibility**
I accept responsibility for lawful procurement, prescribing where authorised, storage, dispensing, administration, professional use, patient selection, informed consent, monitoring, adverse-event management and recordkeeping. I will order and use products only within my lawful professional scope.

☐ **Practitioner channel only**
I will not advertise Rx-only products directly to the public or resell products through unauthorised public retail, consumer or online channels. Products may be supplied only within the permitted professional and clinical framework.

☐ **Accurate information and updates**
I confirm that the information supplied is complete and accurate. I will notify Veridia Medical promptly of changes to my HPCSA status, practice details, authorised contacts, delivery address or authority to order.

☐ **Verification and personal information**
I consent to Veridia Medical processing application information and supporting documents for account verification, order processing, delivery, regulatory recordkeeping, fraud prevention, risk management and necessary business communication in accordance with the published privacy notice.

☐ **Courier delivery and no collection**
I understand that orders are dispatched by courier to the approved delivery address and that customer collection and walk-in purchasing are not currently available. I accept responsibility for ensuring an authorised recipient is available.

☐ **Order refusal or suspension**
I understand that Veridia Medical may refuse, delay, suspend or close an account or order where verification is incomplete, payment is outstanding, documentation is missing, a required prescription is absent, professional scope is unclear or regulatory or professional concerns arise.

Disclaimer and Indemnity

This disclaimer and indemnity is given in favour of Veridia Medical (Pty) Ltd, registration 2025/294884/07, and its directors, employees, shareholders, representatives, agents, suppliers, successors and associated entities.

F. DISCLAIMER AND INDEMNITY TERMS

1. **Practitioner-only supply**

   Products are supplied to the approved practitioner account holder only. Supply does not replace independent clinical assessment, professional judgement, lawful scope, legal obligations or patient-specific duty of care.
2. **No medical advice by supplier**

   Veridia Medical does not diagnose, prescribe for patients, select patients, advise on patient-specific dosing, administer products, monitor treatment outcomes or assume responsibility for clinical decisions made by the purchasing practitioner.
3. **Professional and regulatory compliance**

   The applicant is responsible for all applicable professional, ethical, prescribing, dispensing, advertising, storage, recordkeeping, pharmacovigilance and regulatory requirements relevant to products ordered and used.
4. **Patient consent and records**

   The applicant is responsible for appropriate informed consent, documenting clinical indications and prescriptions, maintaining patient records, monitoring outcomes, managing adverse events and making any required reports.
5. **Prescriptions, scope and lawful use**

   Every Rx-only order must be supported by a valid doctor-issued prescription. Products must be ordered and used within a lawful professional setting and scope, and not for unauthorised resale, public retail or consumer distribution.
6. **Storage, handling and courier delivery**

   The applicant accepts responsibility for correct storage, handling, stock control, expiry checks, cold-chain management where applicable and safe custody after courier handover, except to the extent caused by Veridia Medical's wilful misconduct or gross negligence before handover.
7. **Information supplied by applicant**

   Veridia Medical may rely on documents, prescriptions and instructions supplied by the applicant or authorised ordering contact. The applicant indemnifies Veridia Medical against consequences arising from false, incomplete, outdated or misleading information.
8. **Indemnity**

   To the maximum extent permitted by law, the applicant indemnifies and holds harmless Veridia Medical and the protected parties named above from claims, losses, liabilities, penalties, complaints, professional proceedings, expenses or legal costs arising from the applicant's ordering, prescribing, storage, use, unauthorised supply, negligence, unlawful conduct or breach of these terms.
9. **Non-excludable liability**

   Nothing excludes or limits liability that cannot lawfully be excluded or limited, including liability arising from Veridia Medical's own fraud or wilful misconduct.
10. **No public resale or advertising**

    Restricted products may not be marketed, advertised, offered or resold to the public through online stores, public consumer advertising, retail channels or an unauthorised third party.
11. **No supply or credit undertaking**

    No supply obligation arises until Veridia Medical accepts an order, receives all required prescription and supporting documentation, confirms payment requirements and approves courier arrangements.
12. **Survival**

    These terms continue to apply to all products supplied through the account and survive suspension, closure or termination of the account.

Practitioner Declaration and Signature

By signing below, the applicant confirms that the application information is accurate and that the Account Terms, Disclaimer and Indemnity provisions have been read, understood and accepted.

G. DECLARATION AND ACCEPTANCE

- ☐ I confirm that I am a medical doctor or dentist registered with the HPCSA and in good standing.
- ☐ I accept Cash on Delivery terms and understand that no credit account is granted by this application.
- ☐ I understand that a valid medical doctor-issued prescription is required for every Rx-only order and that other order documents may be required.
- ☐ I will order and use products only within my lawful professional scope and permitted channel.
- ☐ I accept the full Disclaimer and Indemnity in favour of Veridia Medical (Pty) Ltd and the protected parties named in it.
- ☐ I consent to application and supporting-document processing as described in the Veridia privacy notice.

Practitioner full name

HPCSA number

Practitioner signature

Date (DD/MM/YYYY)

Important
Account approval is at the sole discretion of Veridia Medical. Approval may be withdrawn if professional registration or scope requirements are not met, payment is not made, required documents or prescriptions are missing, the delivery address is invalid or an account condition is breached.

H. VERIDIA OFFICE USE ONLY

Application status

HPCSA verified by / date

Veridia account / customer code

Approved by