|  |  |  |  |
| --- | --- | --- | --- |
| <<Form\_Salutation>> <<Account\_Name>>  <<Address\_GLBL\_Line\_1\_Adrs\_Txt\_GLBL>>  <<Address\_GLBL\_Line\_2\_Adrs\_Txt\_GLBL>>  <<Address\_GLBL\_Zip\_Postal\_Code\_GLBL>> <<Address\_GLBL\_City\_GLBL>> | | | |
|  |  |  | <<Today\_\_s>> |

Dear <<Form\_Salutation>> <<Account\_Name>>,

We look forward to collaborating with you in the near future.

As we approach preparation of our services contract, we would like to ask you for some information which will enable you and Lilly to operate in compliance with our industry rules and regulations.

We value your time. In order to simplify the contracting process for you, we would like to collect your information only once and store it appropriately, so that all future collaborations will be as easy and quick as possible.

This package will take a few minutes of your time to complete, and will be kept on file for future collaborations. The package contains details in relation to the following:

* Institutional Notification Employment Information
* Transparency Reporting Consent
* Preferences Contracting and Payment

Please complete the relevant sections and return to Lilly at your earliest convenience by

E-mail: Lilly\_Ireland\_CMS@lilly.com

Fax: +44 20 3684 0773

post:

Eli Lilly and Company Limited

Customer Meeting Services Team

Lilly House, Priestley Road,

Basingstoke, Hampshire RG249NL

United Kingdom.

We thank for your time in completing this information and should you have any questions or concerns, please do not hesitate to contact

<<User\_Name>> +353 1 907 5754

With kindest regards

<<User\_Name>>

Lilly\_Ireland\_CMS@lilly.com

Lilly Customer Meeting Services

**Institutional Notification Employment Information**

|  |
| --- |
| At Lilly, we recognise only through collaboration with our health care colleagues can we advance our capacity to develop innovative medicines that help patients. The patients who rely on Lilly medications depend on the decisions and actions each of us make daily. We are committed to acting in a responsible and ethical manner, leading the way in transparency and setting new standards for excellence, which is essential to building and maintaining trust in our industry.  As part of this commitment, Lilly is notifying institutions when we are sponsoring or contracting with their Healthcare Professionals. Please provide details of a designated individual within your institution who has  authority to represent your institution, or who is in a position to make decisions on behalf of the institution  regarding interactions with third party companies and organisations The notification they receive will be of the work you will be undertaking, or the sponsorship you will be receiving, for Lilly. (No details of the specific work you will be doing or the honoraria will be provided)  *\* Examples: Clinical Director, Head of Department, Practice Manager, Medical Director, Supervisor, Senior Partner*    **Institutional Notification Employment Information** |
| **Section 1 -** *If you work for more than one institution, please identify a Designated Individual at each Institution.* |
| \*  \*Examples of Designated Individuals include Hospital Administrator, University Administrator,  Human Resources Manager, Head Medical Officer of a Department  Institution #1:  Printed name and title of Designated Individual:  Printed name of Institution:  Business Address:  Email:  Institution #2, if applicable  Printed name and title of Designated Individual:  Printed name of Institution:  Business Address:  Email:  ***Note: If you work for more institutions please add another sheet.*** |
| **Section 2 –** *To be completed by the Contracted Individual if you are exclusively self-employed.* |
| Notification NOT required: If you are self-employed in private practice and have no affiliations to any Healthcare Organisation or Government Funded Organisation, then please tick here 🞐Privacy Notice This agreement requires you to share personal information with Lilly, including your name, business address and email. Below is a brief description of how Lilly will use your information:   * Lilly Ireland will keep your information on file and may share with Lilly employees whose work reasonably requires access to fulfill the purposes stated on this form. * Third parties may be used to keep and update this information in the U.S. or in other   countries whose privacy laws may not be the same as those in the country where you live. Lilly will require those third parties to store your information securely and not use it for any  reasons other than what is described on this form.   * If potential legal or compliance concerns are identified, information that you provide may be shared with Lilly’s external legal advisors and/or domestic and foreign legal and regulatory authorities. * Lilly will share your information to respond to information requests of governmental   authorities or where required by law.  Should you wish to access, amend or delete your personal information that Lilly has on file, please contact our Data Privacy Steward on 016614377.  By signing below, you are acknowledging your agreement to the processing of your information as described in this notice. |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
|  |

Error! Missing test condition.

## Preferences, Contracting and Payment Information

We would like to ask you to complete the following information for the purpose of service contract preparation and meeting logistics. As we will be working with you in the future and for your

convenience, we would like to store the provided information below in an individual profile and re-use it in any future collaborations. By doing so, we will not ask you for the same information again next time we work with you.

You can access or amend or delete your personal information Lilly has in your individual profile

directly via the HCP Web Service or by contacting our Data Privacy Steward on 016614377.

**Business Contact Information**

(for the purpose of contract and meeting logistics communication)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | |  | |  | | | |
| Address: |  |  |  | |  | |  | | | |
|  |  |  |  | |  | |  | | | |
| Phone: |  |  |  | | Mobile | |  | | | |
| Fax: |  |  |  | |  | |  | | | |
| Email for correspondence and payment confirmation: | | | | | | | | |  | |
|  | | | |  | |  | |  | |  |

Please indicate your preferred communication method should Lilly need to contact you in reference to service contract preparation and meeting logistics:

Web / Email Phone Mobile Fax

**Services Agreements Payment**

In order for Lilly to prepare the services contract, please select all signing parties required, and

provide the address, if different than above

**Party** **Name and Address**

My Name (address as above)

My Legal Entity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment**

Please indicate which signatory shall receive any compensation and/or expense reimbursement:

My Name (self)

My Legal Entity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide payee’s details:

|  |  |  |
| --- | --- | --- |
| Account Holder Name: |  |  |
| Account Holder Address: |  |  |
| Bank IBAN: |  |  |
| *Or* |  |  |
| Bank Name: |  |  |
| Bank Address: |  |  |
| Bank Account Number: |  |  |
| Bank SWIFT: |  |  |

If the payee is NOT from UK & Ireland please complete the following:

Bank Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the payee is your own company account please select one of the following:

I am the sole owner of this company Yes/No

**Tax and Invoicing Information (please leave blank if not applicable)**

VAT NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TAX ID 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TAX ID 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Note: Please complete and attach any local Tax forms necessary***

Signature: Date: