further information please call: FREEPHONE - 0800 389 4644

TevaOne Inhaler Discount Scheme

Name and Address of Surgery	Teva UK Limited Account Number	Sales Data Release		
	Telephone Number	This is to confirm permission for the named wholesaler to provide data on the sales of Teva products to Teva UK Limited. Data will be provided daily and will only be used in operation with the TevaOne Inhaler Discount Scheme. On Behalf of (Authorised Signatory)		
		Signature Print Name		
Post Code	Teva Territory Manager Name and Number	SERADATE FORMS ARE REQUIRED FOR FACIL RRANGH		
Email Address		Terms & Conditions This scheme comes into effect from the date signed up and will only apply to products ordered after this date and if you spend over £3000 on your generic		
Total Patients Total Dispensing Patients	VAT Number (In order to comply with HMRC requirements, the documentation issued along with the rebate must include the VAT number of the dispensing practice).	purchases via TevaOne. Teva UK Limited reserve the right to withdraw or modify this scheme at any time & will give written notice of any intention to do so. Any change to the scheme (including discount levels & prices) will be made in		
Wholesaler Name	Business Bank Account Name	writing by Teva prior to the effective date of such changes. Products supplied are on the understanding that they are dispensed to patients registered in the named practice. Failure to adhere to this will result in immediate termination of your inclusion in this scheme and any discounts received will be subject to repayment to Teva UK Limited.		
Wholesaler Account Number Wholesaler Depot	Bank Name	The Participant acknowledges and agrees that Teva will collect sales data from the nominated wholesaler or IMS to be used for the operation and monitoring of the TevaOne Inhaler Discount Scheme. All personal information that you provide us with will be held securely by Teva UK Limited and will be used to register the Participant for and to administer TevaOne.		
Discount Level Teva UK Limited are pleased to be able to offer the discounts below: Tick for Reimbursement Discounted	Sort Code Account Number	For more information and for details about your data protection rights, including to ask to withdraw any permissions you have given please view the full Privacy Policy by visiting: https://tevascheme.tevauk.com/pharmacy/privacy-policy		
Discount Price (£) Price (£) D Aerivio Spiromax 50mcg/500mcg 29.97 20.98	30% Account Number	Monthly rebates including VAT will be paid by Teva via BACs, unless otherwise agreed with the Participant.		
		On behalf of the Participant, I hereby agree to be bound by these Terms and Conditions Signature Print Name		
		If you have any questions or for Date		

further information please call: FREEPHONE - 0800 389 4644

TevaOne Inhaler Discount Scheme

Name and Address of Surgery	Teva UK Limited Account Number) (Sales Data Release		
	phone Number		This is to confirm permission for the named wholesaler to provide data on the sales of Teva products to Teva UK Limited. Data will be provided daily and will only be used in operation with the TevaOne Inhaler Discount Scheme.		
	receptione rediffice	Ш	On Behalf of (Authorised Signatory)		
		Ш	Signature	Print Name	
		Ш			
Post Code	Teva Territory Manager Name and Number	Ш			
		Ш			
Email Address		Ш	SEPARATE FORMS ARE REQU	JIRED FOR EACH BRANCH	
			Terms & Conditions		
		J	This scheme comes into effect from the date signed up and will only apply to products ordered after this date and if you spend over £3000 on your generics purchases via TevaOne.		
Total Patients Total Dispensing Patients	VAT Number (In order to comply with HMRC requirements, the documentation issued along	$\ $	Teva UK Limited reserve the right to withdraw or modify this scheme time & will give written notice of any intention to do so.		
with the rebate must include the VAT number of the dispensing practice).		I	Any change to the scheme (including discount levels & prices) will be made in writing by Teva prior to the effective date of such changes.		
Wholesaler Name			Products supplied are on the understanding that they are dispensed to patients registered in the named practice. Failure to adhere to this will result in immediate termination of your inclusion in this scheme and any discounts		
	Business Bank Account Name	Ш	received will be subject to repayment t	,	
Wholesaler Account Number Wholesaler Depot		Ш	The Participant acknowledges and agrees that Teva will collect sales data from		
	Bank Name	the nominated wholesaler or IMS to be used for the operation and monitoring of the TevaOne Inhaler Discount Scheme. All personal information that you			
D: III		I	provide us with will be held securely by register the Participant for and to admir	Teva UK Limited and will be used to	
Discount Level Teva UK Limited are pleased to be able to offer the discounts below:	Sort Code	Ш	For more information and for details ab	out your data protection rights,	
Tick for Reimbursement Discounted	%	I	including to ask to withdraw any permissions you have given please view the full Privacy Policy by visiting: https://tevascheme.tevauk.com/pharmacy/privacy-policy		
Discount $\operatorname{Price}(\mathfrak{t})$ $\operatorname{Price}(\mathfrak{t})$	Discount Account Number	Ш			
Aerivio Spiromax 50mcg/500mcg 29.97 20.98	30%		Monthly rebates including VAT will be paid by Teva via BACs, unless otherwise agreed with the Participant.		
		On behalf of the Participant, I hereby agree to be bound by these Terms and Conditions:			
			Signature	Print Name	
			If you have any questions or for	Date	