REGISTERED CED Community Equipment Dispenser

Application to CED Accreditation Body for registration as a Retailer

Retailer accreditation runs for one year from receipt of completed application and is renewable annually thereafter

Please complete all sections in full:

Company/Organisation Name	

Trading Name (If different to above)	

Address	
County	
Postcode	
Telephone	
Fax	
Email	

Contact Person	
Position	
Telephone	
Email	

Please tell us about your Company or Organisation:

What is the main business activity	
Company Registration No	
VAT Number (if applicable)	
Your Web Address	
Invoicing Address	
County	
Postcode	

Please detail location(s) from which the Accredited activities will be undertaken:

Please use an additional sheet if necessary

Method of payment:

☐ **I have enclosed a cheque for £_____ (£170 plus VAT at the prevailing rate)**

☐ **I would like my organisation to be invoiced at the above address or to pay by BACS**

☐ I confirm the company/organisation complies with the requirements for Retailer accreditation, as set out on page 4 of the CED Criteria and Guidance Notes

PLEASE ENSURE THE FOLLOWING DOCUMENTS ARE PROVIDED WITH YOUR FIRST APPLICATION:

I. Provide evidence of one year's trading history, supported by the most recent set of accounts as presented to Companies House, or a profit and loss report if not a company or organisation registered with Companies House.
II. Provide name(s) of accredited individual(s), or persons who have applied to become such, who work for the company/organisation and will be responsible for dispensing of prescriptions.

Please make cheques payable to CED Accreditation Body and return with application to:

The CED Accreditation Body, PO Box 865, WORCESTER, WR4 4EF