

Request form



Please note: A current EBOS account is required before a scheduled account can be created.
Failure to complete this form correctly will result in a delay in setting up your account.

Existing EBOS Account Number: _____ (must be provided)

Please select ONE of the below:

Multiple requests will require multiple forms

- Upgrade** account to receive scheduled items
*Trading account must already exist
- Change** the authorised practitioner or delivery address
*Account must already exist
- Open** a scheduled sub account for an alternative delivery address
*Linked to your existing account
- Open** a Non-scheduled sub account for an alternative delivery address
*Linked to your existing account, the requestor of this request can sign the form.
- Open** a Schedule 8 account
*Please also complete Signatory Acknowledgement form provided and attach a valid medical registration or licence
- Open** a “vaccine only” account
*For Nurse Immunisers – include a letter from employer confirming employment as a Nurse Immuniser or a Nurse Immuniser card

The principle place of practice and delivery point for scheduled and non-scheduled products will be:

**Please complete even if remaining unchanged*

Account Name					
Street Address					
Suburb		State		Postcode	
Contact number		Add to online	Yes	or	No (Please circle)

In order for this request to be processed you must send through:

Not required for Non- Scheduled requests

- This form completed in full, signed and dated by the Authorised Practitioner, Pharmacist or Licence Holder
- A copy of your Medical Registration or licence to obtain relevant scheduled drugs.
 - If Previously provided on another account, Please advise account # _____

Copies of Medical Registrations printed from www.ahpra.gov.au cannot be accepted unless they are signed by the authorised practitioner. Provider Numbers are not accepted.

Declaration: I am authorised to purchase scheduled medicines as requested above and confirm that all information provided is true and accurate. I also confirm my authority has NO current restrictions, notations or reprimands.
(If your authorisation contains restrictions, notations or reprimands, please list and attach them on a separate page).

Please return form to: **Email:** database@ebosgroup.com.au **Fax:** 1800 810 257

Authorised Practitioner Name: _____ Date: _____

Authorised Practitioner Signature: _____

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