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| **NEW FMD SOFTWARE PROVIDER FORM**  |
| **Name of company/organisation** |  |
| **Address** |  |
| **Company website**  |  |
| **Primary technical contact name** |  |
| **Primary technical contact email** |  |
| **Primary technical contact telephone number** |  |
| **Name of FMD software system(s) to be connected to IMVS** |  |
| **Software application type***Client application or web-browser application?* |  |
| **Who are the end-users of the system(s)?***Community pharmacies, hospital pharmacies, wholesalers, others (please give details)?* |  |
| **I confirm that I am duly authorised to complete this form on behalf of the above-named company / organisation:** |
| **Name (BLOCK CAPITALS)** |  |
| **Position in organisation** |  |
| **Signature** |  |
| **Date**  |  |

The signed form should be returned by email to info@imvo.ie.

***Data privacy:*** *The personal data provided on this form will be processed by IMVO in accordance with our data privacy policy which is available at:* [*http://www.imvo.ie/about/data-privacy-policy*](http://www.imvo.ie/about/data-privacy-policy)*. In particular, relevant details will be shared with Solidsoft Reply Limited for the purpose of them providing you with the necessary technical information to create a connection from your system to the IMVS.*