	Identification No.	JMS/SCS/CS/01/OF/04
Form	Customer Data Updating form	Version: 002
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Purpose: The purpose of this form is to capture customer Data for registration and relationship management.

Name of Applicant.....
 Position in the facility.....
 Email.....
 Telephone Contact.....

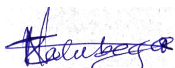


Sign.....


Facility Details

Name of Facility*			
Physical Address	Village*		
	Town/City*		
	Sub-County*		
	County*		
	District*		
	Country*		
	Nearest Landmark		
Postal Address			
Office Telephone		WhatsApp No	
Official Email Address*		Website	
Certificate of Registration/Trading License*		TIN*	

Type of facility: -

- | | | |
|---|---|--|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Nursing Home | <input type="checkbox"/> School |
| <input type="checkbox"/> Health Centre IV | <input type="checkbox"/> Sick Bay | <input type="checkbox"/> Training Institute |
| <input type="checkbox"/> Health Centre III | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Research Institution |
| <input type="checkbox"/> Health Centre II | <input type="checkbox"/> Drug Shop | <input type="checkbox"/> International Health Office |
| <input type="checkbox"/> Clinic | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> NGO |
| <input type="checkbox"/> Specialized Clinic | <input type="checkbox"/> Project | <input type="checkbox"/> Business Entity |
| <input type="checkbox"/> Animal Clinic | <input type="checkbox"/> District Health Office | <input type="checkbox"/> Ministry |
| <input type="checkbox"/> Medical Centre | <input type="checkbox"/> Health Coordination Office | |

	Prepared by: Customer Solutions Officer	Reviewed by: Manager Customer Solutions	Approved by: Director Supply chain Services
Signature			
Date	02/23/2026	02/23/2026	03/17/2026

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Items/services you wish to purchase from JMS (tick all those that apply)

- | | |
|--|---|
| <input type="checkbox"/> Pharmaceuticals | <input type="checkbox"/> Surgical Instruments |
| <input type="checkbox"/> Medical Sundries | <input type="checkbox"/> Laboratory Supplies |
| <input type="checkbox"/> Medical Equipment | <input type="checkbox"/> Books |
| | <input type="checkbox"/> Others..... |

Name and Qualification of the health professional with overall responsibility for Health supplies at the facility, institution or project

Name.....

Qualifications.....

Areas in which the healthcare supplies are to be used/distributed (If outside Uganda, please specify country)

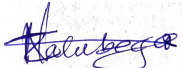


.....


Name of Authority licensing the provision of healthcare services

.....

Provide details of the personnel below within your facility to facilitate follow-up on transactions and relationship management with JMS.

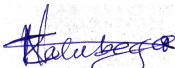


Position description	Responsibilities	Name	Position	Email	Telephone contact
Medical Superintendent/In Charge/Administrator/Executive director	Approves orders on credit & sends out formal communication on behalf of the facilities. Staff changes etc.				
Procurement Officer/Purchasing Officer	Orders & confirms on behalf of the facility.				
Pharmacist/Medical Officer	Signs on Narcotics orders				
Inventory Manager/Stores Manager	Receives orders, reports discrepancies & is consulted on deliveries to the facility.				
Finance Administrator/Accountant	Contacted for payment follow-up				

	Prepared by:	Reviewed by:	Approved by:
	Customer Solutions Officer	Manager Customer Solutions	Director Supply chain Services
Signature			
Date	02/23/2026	02/23/2026	03/17/2026

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Official use Only

Facility Account No:					
Date:					
JMS ID No:					
Attachments: Certificate of Registration	<input type="checkbox"/>	Accreditation certificate	<input type="checkbox"/>	Others (please specify)	
Operating License	<input type="checkbox"/>	Annual Practising License	<input type="checkbox"/>		
NGO certificate	<input type="checkbox"/>	Letter of Introduction	<input type="checkbox"/>		
Trading License	<input type="checkbox"/>	Proof of payment	<input type="checkbox"/>		
Registration; Completed		Not Completed; What is Pending			
		Personnel following up for completion (JMS ID No)			

	Prepared by:	Reviewed by:	Approved by:
	Customer Solutions Officer	Manager Customer Solutions	Director Supply chain Services
Signature			
Date	02/23/2026	02/23/2026	03/17/2026