

OLYMEDICA

Healthcare Supplier Registration Form

Fillable intake template

Non-pharmaceutical medical equipment and healthcare supply

Document code	OM-FRM-002
Version / effective date	2.0 / 1 August 2026
Classification	BUSINESS FORM
Document owner	OLYVENRA LTD - Corporate Governance

Document purpose

To collect non-pharmaceutical healthcare supplier identity, authorised role, product scope, quality-management evidence, vigilance, recall, traceability and commercial capability for initial qualification.

Scope and use

Complete all applicable fields and enter "Not applicable" where necessary. Attach current supporting evidence and submit the form to info@olyvenra.com. Do not email passwords, payment-card data, patient-identifiable records, classified information, bank-login credentials or export-controlled technical data; request an approved secure channel first. Submission does not create an obligation to quote, approve, onboard or transact.

Privacy: [Read the OLYVENRA Privacy Notice](#)

Prepared by	Corporate Governance	Approved by	Director
Review cycle	Annual or on material change	Next review	August 2027
Record status	Controlled master	Language	English

Company

Legal entity	
Manufacturer / authorised representative / distributor	
Manufacturing sites	

Products

Product categories	
Brand ownership	
Markets authorised	
Catalogue and price list	

Quality and regulatory

ISO 13485 or other QMS	
Certificates and declarations	
Vigilance / complaint process	
Recall process	
Traceability controls	

Commercial

MOQ	
Lead time	
Warranty	
Territory availability	
Distributor terms	

Authorised signatures

Organisation / party - Party 1

Submission and review controls

Submission checklist	Internal review record
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☐ Company registration evidence ☐ Manufacturer / authorised representative evidence ☐ ISO 13485 or relevant QMS certificate ☐ Product catalogue and regulatory documentation ☐ Vigilance, recall and traceability procedures ☐ Insurance evidence and commercial references	Reviewer name: _____ Date received: _____ Risk / compliance status: _____ Technical review status: _____ Commercial decision: _____
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Authorised declaration. We confirm that the information supplied in this healthcare supplier registration form is complete and accurate to the best of our knowledge. We undertake to notify OLYVENRA LTD promptly of any material change affecting ownership, certification, regulatory status, sanctions exposure, product traceability or authorised supply capability.

Authorised name and title	Signature and date

Professional business template. Submission does not create a contract, approval, appointment or purchase obligation. Regulatory, legal, export-control, medical and technical requirements remain subject to transaction-specific review.