REQUEST – To be completed by the representative of the company					
System Name	**Finnish Medicines Verification System (FiMVS)**				
Request Type (please fill all the necessary information)					
☐	New account (new place of business)	Valid from (dd.mm.yyyy):			
☐	Retire account (place of business closes permanently)	Valid from (dd.mm.yyyy):			
☐	Relinquish a pharmacy (contract with FiMVO expires)	Valid from (dd.mm.yyyy):			
☐	Take possession of a pharmacy	Valid from (dd.mm.yyyy):			
☐	Change of software	Installation date for the new software (dd.mm.yyyy):			
		Installation time for the new software (hh:mm):			
		Name of the current software:			
☐	Other change	Valid from (dd.mm.yyyy):			
Company information					
Company name:					
Postal address:					
Email address:					
Phone number:					
Type of end user:		☐	Pharmacy	☐	Hospital Pharmacy
		☐	Dispensary	☐	Wholesale company
Business ID:					
KELA ID: [1)]					
Authorised representative information					
Name:					
Job title:					
E-mail address & Phone number:					
Evidence of authorisation: [2)]		☐	Pharmacy license	☐	Hospital pharmacy license
		☐	Dispensary license	☐	Wholesale distribution authorisation
IT Service Provider information [3)]					
Company name:					
Postal address:					
Email address:					

Contact person (name and phone number):	
Name of software:	

1) Pharmacies
2) Evidence of authorisation must be provided for a new account (new place of business)
3) Information regarding the new software and the new service provider, if the software changes

Name of the requestor	Date

REQUEST APPROVAL – To be completed by FiMVO manager	
Documentation reviewed and approved:	
☐ Agreement for the use of the Finnish Medicines Verification System by end users	
☐ Evidence of authorisation	
☐ Access Request Form	
Name of FiMVO manager	**Date**

REQUEST COMPLETION – To be completed by the system administrator			
Account ID: (i.e. PHARMACY/0999):			
Action performed:			
☐	Account created in FiMVS	Date	
☐	Account information updated in FiMVS	Date	
☐	New certificate created	Date	
☐	Password renewed and sent to the user / IT service provider	Date	
☐	Other action, what:	Date	
Name of the system administrator			**Date**