



**The Association of Traditional Chinese Medicine and Acupuncture UK**  
**Approval Scheme for Suppliers of Herbal Medicine and Acupuncture Products**  
**Application Form**

<b>1. Supplier's Details</b>							
Company's Name:		Company's Registration No:		When was the company established:			
Company's Registered Address:			Name of company's director/manager (delete where appropriate)				
Business address if different from the above:			Contact person if different from above:				
Tel No:		Email:					
Fax:		Website:					
<b>2. About Your Business:</b>							
Since when did your company start the wholesale business in the UK?			How many employees in your company currently?				
			Full time:		Part time:		
What does your company supply (Please tick the box where appropriate)							
Acupuncture products	<input type="checkbox"/>	Raw Chinese herbal medicines	<input type="checkbox"/>	Herbal powders/granules	<input type="checkbox"/>	Others	<input type="checkbox"/>
Does your company provide herbal dispensary services?				Yes / No			
<b>3. About your Warehouse:</b>							
Address of your warehouse (If different from your business address given above)				Total space size (m <sup>2</sup> )			
How many storerooms are there?		What is the main structure of the building?			When was it built?		
		Brick	Timber	Stone		Other	

<b>4. About Audit:</b>		
<ul style="list-style-type: none"> <li>• Upon the acceptance of your application, a site visit for the initial audit purpose will be arranged with you within 2 months time. A minimum 2 week notice will be given prior to audit visit.</li> <li>• The audit is compulsory and will be carried out by an appointed independent auditor.</li> <li>• Upon the approval of your application, the audit will be arranged annually.</li> <li>• You are exempt from initial and annual audits if you are already approved by a similar approval scheme. If this is the case, you need to provide the evidence of approval and audit results.</li> </ul>		
Are you already approved by a similar scheme? If so, please attach the relevant documents and ignore next three questions		Yes / No
Do you have any preferable date for the initial audit? If so, please give the date, which should be at least 2 months from your submission of application		
Do you prefer in which month to have the annual audit?		
Do you have any enquiry/request about the audit? (If your answer is Yes, please attach your enquiry/request on a separate sheet.)		Yes /No
<b>5. About Fees:</b> (Note: all fees are non-refundable)		
	Payable to	When to pay
Application fee: £120.00	ATCM	At application
Initial audit fee: £900.00	The Auditor	Prior to initial audit
Annual administration fee: £60.00	ATCM	Prior to annual audit
Annual audit fee: £750.00	The Auditor	Prior to annual audit
<b>6. Declaration:</b>		
I declare that all information given in this application is true and correct to the best of my knowledge. I understand that any false information could lead to my application being rejected.		
Signed:		Date:

Please send your completed Application Form to ATCM, together with a cheque payment of £120.00 as the application fee (cheque should be made payable to ATCM), at the address given below:

ATCM  
Suite 12  
Brentano House  
Unit 5, The Exchange  
Brent Cross Gardens  
London NW4 3RJ

**Please contact ATCM office should you have enquiries related to the scheme.**

**Tel:** 0208 457 2560

**Website:** [www.atcm.co.uk](http://www.atcm.co.uk)

**E-mail:** [info@atcm.co.uk](mailto:info@atcm.co.uk)