

# Instructions on how to complete the Online Application for Registering on the Cyprus Medicines Verification System of KOEΦ

(Please fill this application in the English Language or use English characters)

Name of Organization \*

John Ioannou Pharmacy

Type of Organization \*

Retail Pharmacy

Email Address \*

johnioannou@testmail.com

Organization Description

Provide details only if "other" was selected

Next Step

Fill in the fields in the application registration form. If your selection in the Type of Organization field is "other", the Organization Description field should be completed, with a brief description of the Business you wish to register. The email address is very important and should belong to your Business. When you complete the details in the online registration form and click on the **Submit** button, you will receive a link in the email you have specified. You will need to follow this link in order to complete the registration procedure. The completed application will be sent to KOEΦ and you will also receive a copy on your email. You should check this email frequently because, it will be used for two-way communication between KOEΦ and your business.

Add location

Pharmacy Registration Number

1561

Location \*

Nicosia

Wholesaler's License Number

Address \*

Acne Street No. 21

VAT Registration Number

10112190 P

Area \*

Strovolos

Area Code \*

2001

Telephone \*

(+357) 99-999-999

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You should fill in all fields including the **Pharmacy Registration Number** or the **Wholesaler's License Number** depending on your selection in the previous stage. Regardless of your initial selection, you will also need to fill in the **VAT Registration Number** of your business,

### System User

First Name \*

Last Name \*

Position in End-User Organization \*

Email Address \*

System User Telephone Number \*

Fill in the name of the System User. If you have more than one System users, you will be able to specify these additional users after completing your Registration on our System. The email you should specify here should be the one of the system user. It may be the same or different from what you have filled in the first page of the Registration application form.

### IT Software Provider

IT Provider \*

Choose the Software provider of the System used for connecting to ours.

### Terms & Conditions

As the Authorized Representative of your organisation by clicking \*

I Accept

Download [Terms & Conditions](#)

In order to finalize the registration, you must click the "I Accept box". You can view the terms and conditions by following the Terms & Conditions link.

Upon clicking on the **Submit** button will receive a link in your email. You will need to follow this link in order to complete your registration. Your application review time will not exceed **10 working days** from the date of Submitting your application to KOEΦ.