



Oman Insurance Company (P.S.C)

Pharmacy Information Update Form

Dear Sir

You are kindly requested to fill up this form with the information requested below. Availability of accurate and detailed information about how our customers and we could contact you will enable us to provide better service to our customer and you as well.

Please fax back to us this form duly filled at fax number **04-3390949**.

Your cooperation is highly appreciated

Pharmacy Name:

Details Of Pharmacy Address

Building: -
Opposite/ Near by/ Above: -
Side Street: -
Main Street: -
Area: - Zone: - Emirate: -

Telephone No.: -
Fax No.: -
Email Address: -
PO Box No.: - City: -

Pharmacy Manager: -

Name: -
Title: -
Telephone No.: - Mobile Phone No.: -
Email Address: - Fax No. -

Contact Person (Prior Approvals)

Name: -
Title: -
Telephone No.: - Mobile Phone No.: -
Email Address: - Fax No. -

Contact Person: (Circulars)

Name: -
Title: -
Telephone No.: - Mobile Phone No.: -
Email Address: - Fax No. -

Contact Person (Cheque Intimation)

Name: -
Title: -
Telephone No.: - Mobile Phone No.: -
Email Address: - Fax No. -

DISCOUNT OFFERED =

Trade License / HAAD License:

Lic No. _____ Expiry date: _____

Authorized to participate in health insurance scheme: ___ Yes or ___ No