



(HQ & WAREHOUSE)
AA Pharmacy Healthcare Sdn.Bhd.
No. 12 & 13A, Jalan Pelukis U1/46B Temasya 18,
Glenmarie, 40150 Shah Alam, Selangor.

enquiry@aapharmacy.my
listing@aapharmacy.my

03-55628811 - HQ (Account & Admin, HR & Training,
Operations, Marketing, IT & SMART)
03-55628800 - Warehouse (Purchasing, Product Listing
& Logistic)

<https://aapharmacy.my> AA Pharmacy Malaysia @aapharmacy_ AA Pharmacy Healthcare

PRODUCT LISTING PROCEDURE

This notice is to inform all suppliers that AA Pharmacy will be implementing a strict policy for listing in product in our outlets. All suppliers have to follow the procedure for product list in and also product replacement as below.

1. Request new product listing form via email add: listing@aapharmacy.my
2. Complete form with attached product image in JPEG format to be email back to:
listing@aapharmacy.my
3. Confirmation email of listing agreement and invoice will be sent upon approval of listing.
4. Supplier have to acknowledge and complete the listing agreement then forward together with payment confirmation to email add: i) aapharmacyfinance@gmail.com
ii) listing@aapharmacy.my
5. Supplier can only put in sales order **AFTER** receiving emails confirmation from us that product listing barcode has been created in our system.

‘Notice by AA Pharmacy Management Committee’

FORM TTA S3: New Product Listing Form (All fields are compulsory to be filled up)

Principal:	Distributor:
Brand:	Terms:
Product Full Name:	Product Form/Packaging/Size: *Length: *Height: *Width: *Weight: *Quantity Per Carton: *Carton Measurement:
Product Expiry (include for free gift as well) :	Storage condition : <input type="checkbox"/> Fridge <input type="checkbox"/> Room Temperature
Normal Cost (RM):	Returnable : <input type="checkbox"/> Yes <input type="checkbox"/> No
Bonusing/Tier (RM):	Recommended Selling Price (RM):
Nett Cost After Bonus Or Tier (RM):	Market Selling Price Range (RM):

Product Image

(Overall Product Packaging View)

(IMPORTANT: MUST BE high image resolution, attached with email as well)

Product Barcode / MAL :	Old Barcode (for product replacement only. Indicate NA if non applicable) :
Product Main Ingredient And Strength: _____ _____ _____	Selling Point of the Product: 1) _____ 2) _____ 3) _____

Prepared by (SALES REPRESENTATIVE): _____ Date: Salesperson Name: Email Address: Contact Number:	Accepted by (SALES MANAGER): _____ Date: Manager Name: Email Address: Contact Number:
--	---