



AAT VERSION 2013.1

ELIGIBILITY CERTIFICATE No

<b>P</b>				
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INVOICE No

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# TASMANIAN PHARMACY AUTHORITY

ABN 34 562 572 269

PO Box 1082 Sandy Bay 7005  
Email: registrar@pharmacyauthority.tas.gov.au  
Telephone: 0417 752 348

## APPLICATION FOR APPROVAL OF A TRUST

*Pursuant to Section 61B of the Pharmacy Control Act 2001*

Where an individual or a body corporate proposes to hold an interest in a pharmacy business **as trustee for** a discretionary or unit trust, an Application for Approval of Trust must be submitted to the Authority for assessment. When the Trustee is an individual, this form also meets the requirements of that trustee having applied for an Eligibility Certificate. If the trustee is a body corporate, "Form ABC, Application for Approval and Issue of an Eligibility Certificate for a Body Corporate" is required, which will both confirm compliance of the body corporate for the Pharmacy Control Act, and will enable the body corporate's Eligibility Certificate to be issued.

If ownership of a pharmacy is to change to include this Trust, please also lodge **Form CO – Application for Approval of Change of Ownership of Pharmacy**

Please note that any changes to this Trust or its Unit Holders must be advised to the Authority within 21 days of those changes.

**FEES:** The Authority will invoice you for the appropriate application fee, as fees vary depending on the number of trusts and body corporates involved.

### TRUST DETAILS

**Name of Trust:** \_\_\_\_\_

**Full Name of Trustee** (include full business name if applicable): *NB: If the trustee is a body corporate, you must also complete "Form ABC - Application for Approval and issue of an Eligibility Certificate for a Body Corporate".*

\_\_\_\_\_

**Date of Trust Deed:** \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

### CONTACT DETAILS FOR THIS APPLICATION

**Name:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*For progressing this application*

**Future Notices Email:** \_\_\_\_\_

*Email to use for future annual renewal notices, invoices and related matters.*

**TRUST DETAILS**

<b>Full Name of ALL individual trustees, unit holders, beneficiaries or body corporate*</b> <small>*If the trustee is a body corporate please also complete "Form ABC Application for Approval and Issue of an Eligibility Certificate for a Body Corporate."</small>	<b>Date of Birth OR ACN for body corporate</b>	<b>AHPRA No OR details of relationship to pharmacist</b>	<b>Trustee* YES/NO</b>	<b>Beneficiary/ Unit Holder YES/NO</b>	<b>UNIT HOLDING DETAILS (If applicable)</b>	
					<b>Number of unit holdings</b>	<b>%</b>
<small>*The trustee must be either a registered pharmacist or a body corporate. The trustee must either hold, or have applied for, an Eligibility Certificate.</small>				<b>TOTAL</b>		<b>100%</b>

**DECLARATION BY TRUSTEE (where the trustee is an individual)**

(See next page for declaration for a body corporate trustee)

I, \_\_\_\_\_  
*(full name)*

of \_\_\_\_\_  
*(address)*

Declare that:

- (a) the particulars provided in this form are a complete and true summary of this Trust in every respect to the best of my knowledge, information and belief at the time of signing this application; and
- (b) all entities listed as beneficiaries are either registered pharmacists or related parties within the meaning of section 61A(3) of the *Pharmacy Control Act*; and
- (c) neither I nor any of the beneficiaries or unit holders have an interest in more than four pharmacy business in Tasmania; and
- (d) I hold general registration under the Health Practitioner Regulation National Law (Tasmania) in the Pharmacy profession

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
*(Date)*

## DECLARATION BY TRUSTEE (where the trustee is a body corporate)

This must be signed by **either two (2) Directors or one (1) Director and the Company Secretary**

### DECLARATION ONE

I, \_\_\_\_\_  
(full name)

of \_\_\_\_\_  
(address)

in my capacity as \_\_\_\_\_  
(Indicate your status in this body corporate. ie: Director or Company Secretary)

**Declare that:**

- (a) the particulars provided in this form are a complete and true summary of this trust in every respect to the best of my knowledge, information and belief at the time of signing this application; and
- (b) all entities listed as beneficiaries are either registered pharmacists or related parties within the meaning of section 61A(3) of the *Pharmacy Control Act*; and
- (c) neither I nor any of the beneficiaries or unit holders has an interest in more than four pharmacy business in Tasmania.

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
(Signature) (Date)

### DECLARATION TWO

I, \_\_\_\_\_  
(full name)

of \_\_\_\_\_  
(address)

in my capacity as \_\_\_\_\_  
(Indicate your status in this body corporate. ie: Director or Company Secretary)

**Declare that:**

- (a) the particulars provided in this form are a complete and true summary of this trust in every respect to the best of my knowledge, information and belief at the time of signing this application; and
- (b) all entities listed as beneficiaries are either registered pharmacists or related parties within the meaning of section 61A(3) of the *Pharmacy Control Act*; and
- (c) neither I nor any of the beneficiaries has an interest in more than four pharmacy business in Tasmania.

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
(Signature) (Date)

#### PERSONAL INFORMATION PROTECTION STATEMENT:

Personal information will be collected from you by the Tasmanian Pharmacy Authority for the purpose of administering the ownership and registration of Tasmanian pharmacy business premises. Your personal information will be used for the primary purpose for which it is collected, and may be disclosed to contractors and agents of the Tasmanian Pharmacy Authority, law enforcement agencies, Medicare Australia, the Australian Health Practitioner Regulation Agency, the Pharmaceutical Services Branch of the Department of Health and Human Services, courts and other organisations authorised to collect it. Your personal information will be managed in accordance with the *Personal Information Protection Act 2004*. You may access your personal information on request to the Tasmanian Pharmacy Authority. You may be charged a fee for this service.