



Please email completed form to:
registrar@pharmacyauthority.tas.gov.au

PO Box 1082 Sandy Bay TAS 7005
Telephone: 0417 752 348

ANNUAL DECLARATION FOR AN EXEMPT BODY CORPORATE - 2019

This form is the Annual Declaration form for a Body Corporate which is exempt under s61D of the Pharmacy Control Act 2001 from needing to hold an Eligibility Certificate. **It must be completed by two* of the Directors of the Body Corporate.** (*If there is only one Director, only that one person need sign the form). There is no fee.

Entity making this declaration:

BODY CORPORATE NAME: _____

As Trustee For ^{if relevant:} _____

BODY CORPORATE ABN: _____ **PHONE No** ^{for queries:} _____

POSTAL ADDRESS: _____

EMAIL: _____

Note that any correspondence about this declaration will be sent to this email address.

THIS BODY CORPORATE HAS INTERESTS IN THE FOLLOWING PHARMACIES:

PREMISES THIS RELATES TO _____

This Body Corporate is exempt from holding an Eligibility Certificate for its interests in the listed pharmacies, by virtue of the legal entity below which holds the **Eligibility Certificate**:

Eligibility Certificate Holder

LEGAL ENTITY NAME(S): _____

This will be the Trustee of a Unit Trust which holds an Eligibility Certificate

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.

DECLARATION BY DIRECTOR 1:

I, _____
(Full Name of applicant)
of _____
(Address)
as Director of _____
(Body Corporate Name)

hereby declare that:

- a) there have been no changes to the Directors or shareholders, or to the specified trust (if applicable), which have not already been advised to and approved by the Authority by lodgement of the appropriate form(s); &
- b) each director of this body corporate is a registered pharmacist & each other member of the body corporate is:
 - (i) a pharmacist; or
 - (ii) a close relative ^{See Note 1} of a pharmacist and –
 - (A) the controlling interest in the body corporate is held by a pharmacist or by persons who are pharmacists; &
 - (B) all the shares and the beneficial interest in those shares are held by pharmacists or close relatives of a pharmacist; &
 - (C) control and supervision of any pharmacy services carried on by the pharmacy business is vested in a person(s) who is a pharmacist; &
- c) if a trust is involved, all beneficiaries are either registered pharmacists or close relatives of a pharmacist
- d) none of the directors or shareholders or trust beneficiaries have an interest in more than four pharmacy businesses in Tasmania; &
- e) that the above particulars are true in every respect to the best of my knowledge, information and belief at the time of signing this declaration.

Signed: _____ **Date:** _____

DECLARATION BY DIRECTOR 2: (Please cross out diagonally and mark “sole director” if applicable)

I, _____
(Full Name of applicant)
of _____
(Address)
as Director of _____
(Body Corporate Name)

hereby declare that:

- a) there have been no changes to the Directors or shareholders, or to the specified trust (if applicable), which have not already been advised to and approved by the Authority by lodgement of the appropriate form(s); &
- b) each director of this body corporate is a registered pharmacist & each other member of the body corporate is:
 - (i) a pharmacist; or
 - (ii) a close relative ^{See Note 1} of a pharmacist and –
 - (A) the controlling interest in the body corporate is held by a pharmacist or by persons who are pharmacists; &
 - (B) all the shares and the beneficial interest in those shares are held by pharmacists or close relatives of a pharmacist; &
 - (C) control and supervision of any pharmacy services carried on by the pharmacy business is vested in a person(s) who is a pharmacist; &
- c) if a trust is involved, all beneficiaries are either registered pharmacists or close relatives of a pharmacist
- d) none of the directors or shareholders or trust beneficiaries have an interest in more than four pharmacy businesses in Tasmania; &
- e) that the above particulars are true in every respect to the best of my knowledge, information and belief at the time of signing this declaration.

Signed: _____ **Date:** _____

NOTE 1: Close relative of a pharmacist (as defined under 61A(3) of the Pharmacy Control Act) means –

- (a) the spouse of the pharmacist; or
- (b) the son, daughter, grandson or granddaughter of the pharmacist; or
- (c) any child of the spouse of the pharmacist, of whom the pharmacist is not the natural parent; or
- (d) the father, stepfather, mother or stepmother of the pharmacist; or
- (e) the brother, step-brother, sister or step-sister of the pharmacist;

Spouse, in relation to a pharmacist, includes a person who is in a significant relationship with the pharmacist within the meaning of the Relationships Act 2003.