



Please email completed form to:  
[registrar@pharmacyauthority.tas.gov.au](mailto:registrar@pharmacyauthority.tas.gov.au)

PO Box 1082 Sandy Bay TAS 7006  
Telephone: 0417 752 348

### ANNUAL DECLARATION FOR AN EXEMPT TRUST - 2019

This form is the Annual Declaration form for a Trust for which the Trustee is exempt under s61D of the Pharmacy Control Act 2001 from needing to hold an Eligibility Certificate. It must be completed by the Trustee of this Trust. There is no fee required for this declaration.

Entity making this declaration

**NAME OF APPLICANT/TRUSTEE:** \_\_\_\_\_

**As Trustee For (ATF):** \_\_\_\_\_  
(Trust name)

**APPLICANT'S AHPRA REGISTRATION NO:** \_\_\_\_\_

**POSTAL ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_  
*Note that any correspondence about this declaration will be sent to this email address.*

**THIS TRUST HAS INTERESTS IN THE FOLLOWING PHARMACIES:**

*PREMISES THIS RELATES TO*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This Trust 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 being held:

Eligibility Certificate Holder

**Legal Entity Names:** \_\_\_\_\_  
*This will be the Body Corporate (possibly as trustee for a unit trust) which holds the Eligibility Certificate*

\_\_\_\_\_  
\_\_\_\_\_

**DECLARATION:**

I, \_\_\_\_\_  
(Trustee's Name)

of \_\_\_\_\_  
(Address of Trustee)

In my capacity As Trustee for \_\_\_\_\_  
(Trust Name)

**declare that:**

- a) I hold general registration under the Health Practitioner Regulation National Law (Tasmania) in the Pharmacy Profession; *and*
- b) there have been no changes to the Trust or its beneficiaries which have not already been advised to and approved by the Authority; *and*
- c) each beneficiary of this Trust is either a pharmacist or is a close relative <sup>See Note 1</sup> of the pharmacist; *and*
- d) neither I nor any of the beneficiaries have an interest in more than four pharmacy businesses in Tasmania; *and*
- e) that the above particulars are true in every respect to the best of my knowledge, information and belief at the time of making this application.

**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.

**Signed:** \_\_\_\_\_ **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.