



CBC VERSION 2013.0

Joni-Lee James
Registrar

ELIGIBILITY CERTIFICATE No	P				
INVOICE No					

TASMANIAN PHARMACY AUTHORITY

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

APPLICATION FOR APPROVAL TO MAKE CHANGES to a BODY CORPORATE
Pursuant to Section 61B of the Pharmacy Control Act 2001

This application must include (*electronic versions preferred*) a copy of proof of changes to the body corporate’s constitution or other governing documents as lodged with ASIC.

FEES: Generally a change to a body corporate does not attract a fee, unless a new shareholder is a Trust which has not yet been approved by the Authority. In this case, form AAT would also need to be provided, and a fee paid, which the Authority will issue an invoice for on receipt of the application.

Please contact the Registrar if you have any queries.

BODY CORPORATE DETAILS

Name of Body Corporate: _____

ACN: _____

Date for changes to take effect: _____/_____/20____

Summary of changes: _____

*Please make it clear whether each change is an **addition, deletion or amendment to shareholders and/or directors.***

APPLICANT DETAILS

Name: _____

Telephone Number: _____

Applicant’s Email: _____
For progressing this application

Future Notices Email: _____
Email to use for annual renewal notices, invoices and related matters.

SUMMARY OF COMPANY STRUCTURE (Please list ALL *existing* and *new* directors and shareholders)

Full Name of ALL <u>EXISTING</u> and <u>PROPOSED</u> shareholders and directors If a new shareholder is a Trust, please list the Trustee and Trust Name and, if that Trust has not already been approved by the Authority, please submit "Form AAT - Application for Approval of a Trust" for EACH new Trust.	Date of Birth or Date of Trust Deed	AHPRA No. or details of relationship to pharmacist.	Shareholding and Director details OLD = existing structure NEW = proposed structure							
			Director* YES/NO		Share type	Controlling Shareholdings				
			OLD	NEW		Number of shares		%		
					OLD	NEW	OLD	NEW		
<i>Example for Mary Quaint selling all her shares to David Bloggs</i>										
<i>David Bloggs</i>	<i>01/01/19xx</i>	<i>PHA 0099999999</i>	YES	YES	ORD	20	30	40	60	
<i>Molly Fairy</i>	<i>31/1/19xx</i>	<i>Spouse of D Bloggs</i>	NO	NO	ORD	10	10	20	20	
<i>Alan Allans As Trustee For Al's Trust</i>	<i>2/2/19xx</i>	<i>PHA 0088888888</i>	YES	YES	ORD	10	10	20	20	
<i>Mary Quaint</i>	<i>1/1/19xx</i>	<i>PHA0077777777</i>	YES	NO	ORD	10	0	20	0	
					TOTAL	50	50	100	100	
*Directors must be registered pharmacists					TOTAL			100%	100%	

DECLARATION:

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 body corporate 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 shareholders are either registered pharmacists or related parties within the meaning of section 61A(3) of the *Pharmacy Control Act*; and
- (c) none of the shareholders 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 body corporate 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 shareholders are either registered pharmacists or related parties within the meaning of section 61A(3) of the *Pharmacy Control Act*; and
- (c) none of the shareholders 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.