



PHARMACY No. **B**

TASMANIAN PHARMACY AUTHORITY

ABN 34 562 572 269

VERSION AUG 2018

Completed Form can be emailed to:
registrar@pharmacyauthority.tas.gov.au

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

APPLICATION FOR APPROVAL OF CHANGE OF OWNERSHIP OF PHARMACY

Note: If the change of ownership is to include either a trust and/or a body corporate, the trust and/or body corporate must be approved by the Authority as complying with the Pharmacy Control Act. If such approval has not yet been obtained, please submit forms AAT and/or ABC as relevant.

Existing Pharmacy Name: _____

Street Address of Pharmacy: _____

New Name for Pharmacy*: _____

* If applicable; otherwise the existing pharmacy name is retained

Date of effect: New Ownership and renaming (if applicable) to take effect on: ____/____/20____

Details of pharmacy ownership: (List ALL existing and new owners below; attach extra page if necessary)

FROM: _____

TO: _____

If the new ownership structure is not straightforward and involves companies and trusts, please attach a diagram to illustrate the relationships.

Contact details for correspondence about this transfer:

Name: _____

Email Address: _____

Phone Number(s): _____

Contact details for all future ongoing correspondence for annual renewal notices etc:

Postal Address: _____

Email: _____

SELLERS' DECLARATIONS

I/We advise that:

- ✓ All patient and statutory records are to remain with the new owner of the pharmacy, or will be stored consistently with legislative requirements and all patient records will be dealt with such that there is no infringement of the Personal Information Protection Act 2004 or any other legislative requirement
- ✓ Appropriate reference resources and equipment for the scope of practice at the pharmacy will continue to be readily accessible in the pharmacy
- ✓ Any signs which refer to the previous owner(s) will be removed immediately on transfer
- ✓ Any remaining pharmacy stock of scheduled substances will be transferred to the new owners, or will be/has been supplied to a person authorised under the Poisons Act 1971 to obtain and possess those scheduled substances
- ✓

PRINT NAME (and, where relevant, role in the body corporate)	SIGNATURE	DATE
<p>This must be signed by <u>ALL</u> previous owner(s); in the case of a body corporate, this must be signed on its behalf by two (2) directors, or one director and the company secretary.</p>		

2 Is any third party, person, trust, entity or company (*other than the new owners listed on page 1*) entitled to a share of the profits, income or turnover of this pharmacy business?

YES



NO

Please LIST and attach a copy of all documents which formalise this; in the absence of a formal agreement, please attach an explanation of the arrangement.

Email attachments are preferred; please ensure they are clearly named for ease of identification.

[Pharmacy Control Act s61B(3) and 71D(3).]

LIST of DOCUMENTS WHICH DETAIL THE SHARING of PROFIT or TURNOVER to ANY PERSON or ENTITY other than the LISTED OWNERS	Attached?

DECLARATIONS BY NEW OWNERS - Please complete a declaration for **EACH OWNER**.

In the case of an owner being a body corporate, this must be signed on its behalf by two (2) directors, or one director and the company secretary. Please copy additional declaration pages if necessary.

NEW OWNER ONE

I, _____
(Applicant Name)

of: _____
(Applicant address)

declare that:

- a) the above particulars are true in every respect to the best of my knowledge, information and belief at the time of signing this application; and
- b) including my ownership in this pharmacy, neither I, nor the Company or Trust I am representing, will hold an interest (including as a sole trader, and/or as a partner, and/or as a beneficiary or trustee of a trust and/or as a shareholder in a body corporate) in more than four (4) pharmacy businesses in Tasmania; and
- c) I, or the trust/body corporate I represent, currently hold an Eligibility Certificate or have lodged an application to obtain an Eligibility Certificate.

Signed by the applicant: _____

in my capacity as: _____
(Director or Company Secretary of body corporate / Trustee of Trust, if applicable; else leave blank)

on behalf of: _____
(Body Corporate/Trust Name, if applicable, else leave blank)

Date _____ / _____ / 20_____

NEW OWNER TWO

I, _____
(Applicant Name)

of: _____
(Applicant address)

declare that:

- a) the above particulars are true in every respect to the best of my knowledge, information and belief at the time of signing this application; and
- b) including my ownership in this pharmacy, neither I, nor the Company or Trust I am representing, will hold an interest (including as a sole trader, and/or as a partner, and/or as a beneficiary or trustee of a trust and/or as a shareholder in a body corporate) in more than four (4) pharmacy businesses in Tasmania; and
- c) I, or the trust/body corporate I represent, currently hold an Eligibility Certificate or have lodged an application to obtain an Eligibility Certificate.

Signed by the applicant: _____

in my capacity as: _____
(Director or Company Secretary of body corporate / Trustee of Trust, if applicable; else leave blank)

on behalf of: _____
(Body Corporate/Trust Name, if applicable, else leave blank)

Date _____ / _____ /20 _____

NEW OWNER THREE

I, _____
(Applicant Name)

of: _____
(Applicant address)

declare that:

- a) the above particulars are true in every respect to the best of my knowledge, information and belief at the time of signing this application; and
- b) including my ownership in this pharmacy, neither I, nor the Company or Trust I am representing, will hold an interest (including as a sole trader, and/or as a partner, and/or as a beneficiary or trustee of a trust and/or as a shareholder in a body corporate) in more than four (4) pharmacy businesses in Tasmania; and
- c) I, or the trust/body corporate I represent, currently hold an Eligibility Certificate or have lodged an application to obtain an Eligibility Certificate.

Signed by the applicant: _____

in my capacity as: _____
(Director or Company Secretary of body corporate / Trustee of Trust, if applicable; else leave blank)

on behalf of: _____
(Body Corporate/Trust Name, if applicable, else leave blank)

Date _____ / _____ /20 _____

NEW OWNER FOUR

I, _____
(Applicant Name)

of: _____
(Applicant address)

declare that:

- a) the above particulars are true in every respect to the best of my knowledge, information and belief at the time of signing this application; and
- b) including my ownership in this pharmacy, neither I, nor the Company or Trust I am representing, will hold an interest (including as a sole trader, and/or as a partner, and/or as a beneficiary or trustee of a trust and/or as a shareholder in a body corporate) in more than four (4) pharmacy businesses in Tasmania; and
- c) I, or the trust/body corporate I represent, currently hold an Eligibility Certificate or have lodged an application to obtain an Eligibility Certificate.

Signed by the applicant: _____

in my capacity as: _____
(Director or Company Secretary of body corporate / Trustee of Trust, if applicable; else leave blank)

on behalf of: _____
(Body Corporate/Trust Name, if applicable, else leave blank)

Date _____ / _____ /20_____

COMPLETED FORMS CAN BE EMAILED TO: registrar@pharmacyauthority.tas.gov.au

NB: If, after lodgement of this form, circumstances arise which alter the settlement date of this transfer, the Authority must be contacted as soon as possible.

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.