



TRUST/ELIGIBILITY CERTIFICATE No

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TASMANIAN PHARMACY AUTHORITY

ABN 34 562 572 269

CT VERSION 2014.0

Margie Cole

Registrar

PO Box 1082 Sandy Bay 7005

Email: registrar@pharmacyauthority.tas.gov.au

Telephone: 0417 752 348

APPLICATION FOR APPROVAL OF CHANGES TO AN APPROVED TRUST

Pursuant to Section 61B of the Pharmacy Control Act 2001

This form is to advise of any **changes to a Trust or its Unit Holders, or a change to a Trust's trustee** and must be lodged with the Authority within 14 days of those changes. The Trust must continue to meet the requirements of the Pharmacy Control Act 2001.

Once the Authority has approved the changes, a stamped and executed copy of the Deed of Variation to the Trust Deed must be sent to the Authority.

Please email your completed form and a copy of the Deed of Variation to registrar@pharmacyauthority.tas.gov.au

Name of Trust: _____

Name of Current Trustee: _____

NB: If trustee is a body corporate which is changing its shareholders or directors, you must also complete Form CBC - Changes to Body Corporate. If that is the only change to this Trust, please use that Form CBC; you need not lodge this Form CT.

Name of New Trustee (if applicable): _____

NB: If the new trustee is a body corporate, it must hold an Eligibility Certificate or have applied for one on Form ABC; if the new trustee is an individual, an application to hold an Eligibility Certificate as trustee for this trust, must either be held or applied for (Form ECI). If in doubt, please contact the Registrar.

Changes are to come into effect on: _____ / _____ / 20_____

Summary of changes: _____

*Please make it clear whether each change is an **addition, deletion or changes to unit holdings.***

Contact details for this application

Name: _____

Postal Address: _____

Phone: _____

Email: _____

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.

TRUST SUMMARY: Complete the details to show what **all** details of the Trust, **both currently and as amended**, will be.

Full Name of ALL current and proposed individual or body corporate trustees, all unit holders, and all beneficiaries *	Date of Birth OR ACN for body corporate	AHPRA No OR details of relationship to a pharmacist who is also a unit holder	UNIT HOLDING DETAILS (If this is a Unit Trust)						
			Trustee* YES/NO	Beneficiary/ Unit Holder YES/NO	EXISTING UNIT HOLDING DETAILS		NEW UNIT HOLDING DETAILS		
					No.	%	No.	%	
*The trustee must be either a registered pharmacist or an approved body corporate. The trustee must either hold, or have applied for, an Eligibility Certificate in the capacity as trustee of this trust. If in doubt, please contact the Registrar				TOTALS			100%		100%

SIGNING THIS APPLICATION (overleaf):

- **If the Trustee is an individual**, then sign the “Declaration by Individual Trustee” overleaf.
- **If the Trustee is a Body Corporate**, then this form must be signed by the sole Director if the body corporate has only a sole Director; otherwise it must be signed by any TWO Directors (or one Director and the Company Secretary).

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

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;
- (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*;
- (c) neither I nor any of the beneficiaries or unit holders have an interest in more than four pharmacy business in Tasmania;
- (d) I hold general registration under the Health Practitioner Regulation National Law (Tasmania) in the Pharmacy profession; and
- (e) I am authorised by the Trust to complete this Declaration on its behalf

_____/_____/20_____
(Signature) (Date)

DECLARATIONS BY BODY CORPORATE 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

If there is only a sole Director, just sign Declaration One and indicate on Declaration Two that you are the sole Director

DECLARATION ONE (BODY CORPORATE)

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 (BODY CORPORATE)

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)