



TASMANIAN PHARMACY AUTHORITY

ADVICE OF PHARMACY NAME CHANGE

Please use this form to apply for a change to the name of your pharmacy.

The name would normally be approved, unless it could be confused with an existing pharmacy name. All correspondence regarding this application, including the issuing of a new Premises Registration Certificate, will be sent to the applicant's email address provided below. If the new name involves a new franchise agreements (or similar) the Authority may require copies of the agreements to be provided.

There is no fee for this application.

If you are also intending to **relocate** the pharmacy, please use **Form PNR**.

If you are also intending to change any aspect* of the **ownership** of the pharmacy, please **also** submit **Form CO**. (*Changes to ownership includes ANY changes to partners, shareholders, numbers of shares held, trustees, beneficiaries, unit holders, company directors or trusts.)

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

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

I advise that the registered pharmacy business premises situated at:

PREVIOUSLY KNOWN AS: _____

WILL NOW BE KNOWN AS: _____

AS FROM (DATE): _____

PHARMACY OWNERSHIP: Please list ALL the owners of this pharmacy, which are those persons or entities who hold the Eligibility Certificate(s) for this pharmacy and who are listed on the Premises Registration Certificate as the owners:

2 Is any third party, person, trust, entity or company (other than the 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 APPROVED OWNERS	Attached?

APPLICANT DETAILS

Name of Applicant: _____

Role/Position: _____
(eg: Owner, Pharmacist in Charge, Pharmacy Manager)

Telephone number: _____

Email: _____
(Once approved, the new Premises Registration Certificate will be emailed to this email address)

Declaration: *I am authorised to make this application on behalf of the owners of this pharmacy.*

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.