

CT Version 2024.1	TASMANIAN PHARMACY AUTHORITY Email: registrar@pharmacyauthority.tas.gov.au Telephone: 0417 752 348 ABN 34 562 572 269
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Application for Approval of Changes to an Approved Trust

Pursuant to the *Pharmacy Control Act 2001*, s61B

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 Tasmanian Pharmacy Authority (Authority) within 14 days of those changes. The Trust must continue to meet the requirements of the *Pharmacy Control Act 2001*.

The trustee must hold an eligibility certificate. If required, apply using either form ECI – Application for Issue of an Eligibility Certificate Individual OR form ABC – Application for Approval and Issue of an Eligibility Certificate Body Corporate.

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

The fee for this application is NIL fee units.

Incomplete forms will be returned.

If you have any questions please phone the Registrar.

FALSE DECLARATION

A person found guilty of making a false or misleading statement is guilty of an offence and is liable to a penalty of up to 100 penalty units (*Pharmacy Control Act 2001*, s68)

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 written request to the Tasmanian Pharmacy Authority. You may be charged a fee for this service.

1. The Trust

1.1 Name of the Trust

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1.2 Name of Current Trustee

NB: If the 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.

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1.3 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 Eligibility Certificate as trustee for this trust, must either be held or applied for (Form ECI). If in doubt, please contact the Registrar.

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1.4 Summary of changes

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

1.5 Changes are to come into effect on

____/____/____

1.6 Contact Details – for all correspondence in relation to this application

Name
Phone
Email

2. TRUST SUMMARY: Complete the table to show the details of the Trust, both currently and as amended.

Full name of all current and proposed individual or body corporate trustees, all unit holders, and all beneficiaries* ALL LIVING PERSONS who meet the definition of a beneficiary in the trust deed must be listed, regardless of any intention to distribute earnings to them.	Date of Birth or ACN	Ahpra number or details of relationship to a pharmacist who is also a unit holder			Unit Holding Details (If this is a unit trust)			
			Trustee?	Beneficiary/ Unit Holder	Existing Unit Holding Details		New Unit Holding Details	
			YES/NO	YES/NO	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%

3. Declaration

If the Trustee is an individual, then sign the “Declaration by Individual Trustee”.

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)

3.1 Declaration by an Individual Trustee

I, _____

PRINT 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 close relatives within the meaning of section the *Pharmacy Control Act 2001* s61A(3);
- (c) neither I nor any of the beneficiaries or unit holders have an interest in more than four pharmacy businesses 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

Signature

_____/_____/_____
Date

3.2 Declaration by Body Corporate Trustee(s)

DECLARATION ONE (BODY CORPORATE)

I, _____
PRINT 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 close relatives within the meaning of the *Pharmacy Control Act 2001* s61A(3); and

(c) neither I nor any of the beneficiaries or unit holders has an interest in more than four pharmacy businesses in Tasmania.

_____/_____/_____
Signature *Date*

DECLARATION TWO (BODY CORPORATE)

I, _____
PRINT 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 close relatives within the meaning of the *Pharmacy Control Act 2001* s61A(3); and

(c) neither I nor any of the beneficiaries or unit holders has an interest in more than four pharmacy businesses in Tasmania.

_____/_____/_____
Signature *Date*