

AAT

Version 2024.2

TASMANIAN PHARMACY AUTHORITY

Email: registrar@pharmacyauthority.tas.gov.au

Telephone: 0417 752 348

ABN 34 562 572 269

Application for Approval of a Trust

Pursuant to section 61B of the Pharmacy Control Act 2001

Where an individual or a body corporate proposes to hold an interest in a pharmacy business as **trustee** for a discretionary or unit trust, an Application for Approval of Trust (AAT) must be submitted to the Authority for assessment.

When the Trustee is an individual, please also complete Form [ECI - Application for an Eligibility Certificate - Individual](#).

If the trustee is a body corporate, Form [ABC - Application for Approval and Issue of an Eligibility Certificate for a Body Corporate](#) is required, which will both confirm compliance of the body corporate for the Pharmacy Control Act and will enable the body corporate's Eligibility Certificate to be issued.

If ownership of a pharmacy is to change to include this Trust, please also lodge form [CO - Application for Approval of Change of Ownership of Pharmacy](#).

Please note that any changes to this Trust or its Unit Holders must be advised to the Authority within 14 days of those changes via submission of form [CT - Change to Structure of a Trust](#).

The fee for this application is:

The Authority will invoice you for the appropriate application fee, as fees vary depending on the number of trusts and body corporates involved.

If you have any questions, please phone the Registrar.

Completed forms and trust deeds should be emailed to registrar@pharmacyauthority.tas.gov.au

Incomplete applications will be returned.

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 (Section 68, Pharmacy Control Act 2001)

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. Trust Details

***Please provide a copy of the executed trust deed with this application**

Name of trust	
Date of trust deed	
Type of trust (circle one)	UNIT / DISCRETIONARY

1.2 Trustee

Full Name	
Address	
Phone	Fax
Email	

1.3 Contact Details – for all correspondence in relation to this application.

Name
Phone
Email

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2 Trust Members

Full Name of ALL individual trustees, unit holders, beneficiaries or body corporate* *If the trustee is a body corporate please also complete "Form ABC Application for Approval and Issue of an Eligibility Certificate for a Body Corporate."	Date of Birth OR ACN for body corporate	AHPRA No OR details of relationship to pharmacist	Trustee* YES/NO	Beneficiary/ Unit Holder YES/NO	UNIT HOLDING DETAILS (If applicable)	
					Number of unit holdings	%
*The trustee must be either a pharmacist holding general registration or an eligible body corporate. The trustee must either hold, or have applied for, an Eligibility Certificate.				TOTAL		100%

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3a. DECLARATION BY TRUSTEE (where the Trustee is an individual)

(See next page for declaration for a body corporate trustee)

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; 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 have an interest in more than four pharmacy businesses in Tasmania; and

(d) I hold general registration under the Health Practitioner Regulation National Law (Tasmania) in the Pharmacy profession

Signature

_____/_____/20____

Date

3b. DECLARATION BY 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

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 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 have 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 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 has an interest in more than four pharmacy businesses in Tasmania.

_____/_____/20_____
Signature Date)