

CBC

Version 2024.2

TASMANIAN PHARMACY AUTHORITY

Email: registrar@pharmacyauthority.tas.gov.au

Ph: 0417 752 348

ABN: 34 562 572 269

Application for Approval to make changes to a Body Corporate

Pursuant to section 61B of the Pharmacy Control Act 2001

This form is to be used if:	You are making any changes to the Shareholdings of an existing Body Corporate
This form should NOT be used if:	
You may also need to submit:	Form AAT if a new Shareholder is a Trust
The fee for this application is:	NIL fee units

This application must include a copy of proof of changes to the Body Corporate's constitution or other governing documents as lodged with ASIC.

Completed forms should be emailed to the Registrar. Incomplete forms will be returned.

Applicants should note that any application which requires assessment by Crown Law prior to approval will take a minimum of six (6) weeks to process.

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 (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. BODY CORPORATE DETAILS

Name	
ACN	
Company Secretary	
Phone	
Email	
Pharmacies in which this Body Corporate has an interest	

2. PROPOSED CHANGES

Summary of proposed changes <i>(Please make it clear whether each change is an addition/deletion or amendment to shareholders/directors)</i>	
Date for changes to take effect	

3. APPLICANT DETAILS

Name
Mobile Number
Email
Future Notices email

CONTACT DETAILS – for all correspondence in relation to this application;

Name
Phone
Email

SUMMARY OF COMPANY STRUCTURE (Please list ALL existing and new Directors and Shareholders)

Full name of all existing and proposed shareholders and directors If a new shareholder is a trust, please list the Trustee and Trust name, and if that Trust has not already been approved by the Authority, please submit form AAT for EACH NEW Trust	Date of Birth or Date of Trust Deed	Director ID (if a director)	Ahpra number or details of relationship to pharmacist	Shareholding and Director Details OLD=existing structure NEW=proposed structure						
				Director* Yes/No		Share type	Controlling shareholdings			
				Old	New		Number of Shares		%	
								Old	New	Old
Example for WHITE selling all shares to BROWN A Brown B Green C Blue as Trustee for Blue's Trust D White	1/1/xx		PHA000123	Yes	Yes	Ord	20	30	40	60
	31/1/xx		Spouse of A Brown	No	No	Ord	10	10	20	20
	2/2/xx		PHA000678	Yes	Yes	Ord	10	10	20	20
	3/4/xx		PHA000354	yes	no	Ord	10	0	20	0
							TOTAL	50	50	100
*Directors must be pharmacists holding general registration. * The majority of shares must be held by pharmacist/s.						TOTAL			100%	100%

DECLARATION:

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 body corporate in every respect to the best of my knowledge, information, and belief at the time of signing this application;
- (b) all entities listed as shareholders are either registered pharmacists or related parties within the meaning of section 61A(3) of the *Pharmacy Control Act 2001*;
- (c) the majority of shares in this body corporate are held by registered pharmacists; and
- (d) none of the shareholders has an interest in more than four pharmacy businesses 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 body corporate in every respect to the best of my knowledge, information, and belief at the time of signing this application;
- (b) all entities listed as shareholders are either registered pharmacists or related parties within the meaning of section 61A(3) of the *Pharmacy Control Act 2001*;
- (c) the majority of shares in this body corporate are held by registered pharmacists; and
- (d) none of the shareholders has an interest in more than four pharmacy businesses in Tasmania.

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