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Version 2024.1

TASMANIAN PHARMACY AUTHORITY

Email: registrar@pharmacyauthority.tas.gov.au

PO Box 1082, Sandy Bay, 7005

Telephone: 0417 752 348

ABN 34 562 572 269

Application for Approval of Change of Ownership of a Pharmacy

Note: If the change of ownership is to include either a trust and/or a body corporate, the trust and/or body corporate must be approved by the Authority as complying with the Pharmacy Control Act. If such approval has not yet been obtained, please submit form AAT - Application for Approval of a Trust and/or ABC - Application for Approval of a Body Corporate as relevant.

Fee for this application is NIL fee units

If you have any questions please phone the Registrar.

Incomplete forms 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.

1.1 The Pharmacy Premises

Current Pharmacy Name	
New Pharmacy Name (if applicable)	
Address	
Phone	Fax
Email	
TPA identifier	
PY	

1.2a Current Owner(s)

Please list the name and email address of each **current owner** of this business ie the holder(s) of the Eligibility Certificate. If more space is required, please append additional pages.

Name	Email

1.2b Future Owner(s)

Please list the name and email address of each **future owner** of this business ie the holder(s) of the Eligibility Certificate. If more space is required, please append additional pages.

Name	Email

1.3 Contact Details

For all correspondence in relation to this application

Name
Phone
Email

1.4 Contact Details

For all future ongoing correspondence

Name
Phone
Email

1.5 Date of Effect

New ownership and change of name (if applicable) to take effect on ____/____/____

2.SELLERS' DECLARATIONS

I/We advise that:

- All patient and statutory records are to remain with the new owner of the pharmacy, or will be stored consistently with legislative requirements and all patient records will be dealt with such that there is no infringement of the Personal Information Protection Act 2004 or any other legislative requirement
- Any signs which refer to the previous owner(s) will be removed immediately on transfer
- Any remaining pharmacy stock of scheduled substances will be transferred to the new owners, or will be/has been supplied to a person authorised under the Poisons Act 1971 to obtain and possess those scheduled substances

Print Name (and where applicable the role in the body corporate)	Signature	Date
This form must be signed by all previous owners. In the case of a body corporate, this form must be signed by two directors, or one director and the company secretary		

3. New Owner(s) to complete

If you answer yes to any of the following questions, **you are required to attach supporting evidence to enable consideration of your application** – *Pharmacy Control Act 2001 s61B(3) and s71D(3)*

	Yes	No	Evidence attached
Are the pharmacy business premises owned outright?			
Are the pharmacy business premises leased?			
Is there a franchise agreement?			
Is there a marketing or buying group?			
Is there a labour hire agreement?			
Is there a management support agreement? (formal or informal, express or implied)			
Is there any third party, person, trust, entity or company (other than the new owners as listed on page 3) entitled to a share of profit, income or turnover of this pharmacy business?			

Comments or Explanatory notes

5. DECLARATION(S) BY NEW OWNERS –

Please complete a declaration for **EACH OWNER**. In the case of an owner being a body corporate, this must be signed on its behalf by two (2) directors, or one director and the company secretary. **Please copy additional declaration pages as necessary.**

New Owner

I, _____ Ahpra Number _____

Clearly PRINT the name of the Registered Pharmacist making this declaration

Of _____

Address

declare that:

a) the above particulars are true in every respect to the best of my knowledge, information and belief at the time of signing this application; and

b) including my ownership in this pharmacy, neither I, nor the Company or Trust I am representing, will hold an interest (including as a sole trader, and/or as a partner, and/or as a beneficiary or trustee of a trust and/or as a shareholder in a body corporate) in more than four (4) pharmacy businesses in Tasmania; and

c) I, or the trust/body corporate I represent, currently hold an Eligibility Certificate or have lodged an application to obtain an Eligibility Certificate.

Signed by the applicant: _____

in my capacity as: _____

(Director or Company Secretary of body corporate / Trustee of Trust, if applicable; else leave blank)

on behalf of: _____

(Body Corporate/Trust Name, if applicable, else leave blank)

Date _____ / _____ /20_____