



Application Form

**ACQUISITION OF FINANCIAL INTEREST IN PHARMACY BUSINESS AS
A SHAREHOLDER IN A PHARMACISTS' BODY CORPORATE
AND/OR AS A NEW DIRECTOR**

Application fee: \$550.00 for each new financial interest.

To be completed by pharmacists intending to register a financial interest in an existing pharmacy business by acquiring shares in a Pharmacists Body Corporate and/or appointment as a new director.

Applicants are required to give **at least 14 days** prior written notice to the Pharmacy Council of New South Wales ('the Council') of the nature of such financial interest and the intended date of acquisition.

This application should be completed with reference to '**The Guide,**' the *Health Practitioner Regulation National Law (NSW)* ('the Law') and the *Health Practitioner Regulation (NSW) Regulation 2010* ('the Regulation').

This application will not be considered until all documentation is received. All documentation must be received by the **lodgement date** for the application to be considered at the next Council Meeting. Lodgement and meeting dates may be found on the Council's website.

EXISTING PHARMACY DETAILS AS ON THE REGISTER

Pharmacy Name _____

Pharmacy Registration No PC _____
[see Guide Note 2 'Definitions - Pharmacy Registration Numbers']

Street Address _____

_____ Postcode _____

Telephone () _____ Facsimile () _____

Email _____

Postal Address _____

_____ Postcode _____

CONTACT FOR THIS APPLICATION

Name _____

Email _____ Tel _____

1. EXISTING PHARMACISTS' BODY CORPORATE DETAILS

1.1 Registered name of Corporation _____

ACN _____

(ASIC Certificate of Registration & Company Extract must be provided, See 5- 'Document Schedule')

1.2 Pharmacist appointed to be responsible for compliance with display of owner's name and display of drug prices in accordance with the *Price Information Code of Practice*.

(NB: Only applicable to exempted Body Corporates and Friendly Societies, see Guide Note 8- Pre-existing Non Pharmacist Ownership structures)

Full Name _____ PHA _____

1.3 Does the Pharmacists' Body Corporate act as a trustee of any Trust?

Yes

No (Go to 2)

1.4 What is the name of the Trust?

(Trust Deed must be provided, See 5- 'Document Schedule')

Note: If this is a new Trust or the terms of the Trust have altered, the Council will arrange to have the **Trust Deed externally reviewed**. The fee for such review will vary according to the complexity of the arrangements and the number of Trusts involved and will be in the vicinity of \$2200.00 plus GST per Trust Deed. [See Guide Note 6 - 'Trusts'].

You will be notified if an external review of the Trust is required.

I/we acknowledge that the Trust deed/s may require external review and that should a review be deemed necessary, I/we undertake to meet the cost of the review on issue of an invoice from the Council.

Signed on behalf of the Pharmacists' Body Corporate

Please print full name

2. EXISTING SHAREHOLDERS/DIRECTORS - who will continue to have an interest in the pharmacists' body corporate are to complete the following details.

Note: Any Shareholder or director who divests themselves of an interest must submit a 'Notice of Disposal of Financial Interest in a Pharmacy.'

Pharmacist 1:

Full Name _____ PHA _____

(please tick) Director Shareholder

Pharmacist 2:
Full Name _____ PHA _____
(please tick) Director Shareholder

Pharmacist 3:
Full Name _____ PHA _____
(please tick) Director Shareholder

Pharmacist 4:
Full Name _____ PHA _____
(please tick) Director Shareholder

Pharmacist 5:
Full Name _____ PHA _____
(please tick) Director Shareholder

Pharmacist 6:
Full Name _____ PHA _____
(please tick) Director Shareholder

3. NEW SHAREHOLDER(S) AND/OR DIRECTOR(S) – Pharmacists who are acquiring a financial interest in the pharmacy as a new shareholder and/or as a director of a Pharmacists' Body Corporate are to complete the following details.

(Shareholders Agreement, Notice of Appointment of Director, Share Sale/Purchase Agreement, Loan/Finance Agreement & Statutory Declaration (if applicable) must be attached, See 5- 'Document Schedule')

Pharmacist 1:
Full Name _____ PHA _____
(please tick) Director Shareholder

Date of Acquisition/ Allotment of Shares (if applicable) _____

Date of Appointment of Director (if applicable) _____

Do you have an interest in other pharmacies in NSW? Yes
No

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacist 2:

Full Name _____ PHA _____
(please tick) Director Shareholder

Date of Acquisition/ Allotment of Shares (if applicable) _____

Date of Appointment of Director (if applicable) _____

Do you have an interest in other pharmacies in NSW? Yes
No

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacist 3:

Full Name _____ PHA _____
(please tick) Director Shareholder

Date of Acquisition/ Allotment of Shares (if applicable) _____

Date of Appointment of Director (if applicable) _____

Do you have an interest in other pharmacies in NSW? Yes
No

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacist 4:

Full Name _____ PHA _____
(please tick) Director Shareholder

Date of Acquisition/ Allotment of Shares (if applicable) _____

Date of Appointment of Director (if applicable) _____

Do you have an interest in other pharmacies in NSW? Yes
No

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacist 5:
Full Name _____ PHA _____

(please tick) Director Shareholder

Date of Acquisition/ Allotment of Shares (if applicable) _____

Date of Appointment of Director (if applicable) _____

Do you have an interest in other pharmacies in NSW? Yes
No

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacist 6:
Full Name _____ PHA _____

(please tick) Director Shareholder

Date of Acquisition/ Allotment of Shares (if applicable) _____

Date of Appointment of Director (if applicable) _____

Do you have an interest in other pharmacies in NSW? Yes
No

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

4. FINANCE/ CONTRIBUTION DETAILS
[see Guide Note 9 'Financial Arrangements']

Pharmacist 1:

Personal Contribution* \$ _____

Name of Finance Lender _____ \$ _____

Pharmacist 2:

Personal Contribution* \$ _____

Name of Finance Lender _____ \$ _____

Pharmacist 3:

Personal Contribution* \$ _____

Name of Finance Lender _____ \$ _____

Pharmacist 4:

Personal Contribution* \$ _____

Name of Finance Lender _____ \$ _____

Pharmacist 5:

Personal Contribution* \$ _____

Name of Finance Lender _____ \$ _____

Pharmacist 6:

Personal Contribution* \$ _____

Name of Finance Lender _____ \$ _____

Total Finance \$ _____

*Every pharmacist with a personal contribution must attach a completed Statutory Declaration.
(Annexure A) [see Guide Note 9 'Financial Arrangements' for information about Statutory Declarations]

5. DOCUMENTS REQUIRED

The Law permits the Council to request copies of any documents in support of this application. All relevant documents are to be lodged together with this application.

All shareholders' agreements, loan finance agreements, share sale agreements and mortgages over the pharmacy, where applicable, must be lodged with this application.

Any unsigned documentation will not be accepted.

DOCUMENT SCHEDULE

(Please tick)

Document description	Document Attached	Not Applicable
ASIC Certificate of Registration	<input type="checkbox"/>	<input type="checkbox"/>
Current ASIC Company Extract	<input type="checkbox"/>	<input type="checkbox"/>
Trust Deed	<input type="checkbox"/>	<input type="checkbox"/>
Shareholders' Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Notice of appointment of director	<input type="checkbox"/>	<input type="checkbox"/>
Share sale/purchase agreement	<input type="checkbox"/>	<input type="checkbox"/>
Loan/Finance Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Statutory Declaration (Annexure A)	<input type="checkbox"/>	<input type="checkbox"/>
Any other agreement, arrangement information or details required to be attached to/included with this form.	<input type="checkbox"/>	<input type="checkbox"/>

6. CONSIDERATION OF APPLICATION BY COUNCIL

All applications are subject to Council approval. Completed applications will be considered at the next monthly Council Meeting. The Council Secretariat can be telephoned **after 11am on the day following** the meeting in order to find out the outcome of the application. Correspondence in respect of approvals will be mailed within **10 working days** of the Council Meeting.

Note: Following confirmation of approval, it is the applicant's responsibility to notify the Department of Human Services / Medicare Services.

7. SIGNATURES AND DECLARATIONS BY ALL PARTIES

ALL SHAREHOLDERS/ DIRECTORS TO SIGN

The following signatures are a declaration by pharmacist(s) that the information provided is correct and complete. The provision of information you know to be incorrect or incomplete may constitute unsatisfactory professional conduct.

Pharmacist 1:
Full Name _____ PHA _____

Signature _____ Date _____

Witness:
Full Name _____

Signature _____ Date _____

Pharmacist 2:
Full Name _____ PHA _____

Signature _____ Date _____

Witness:
Full Name _____

Signature _____ Date _____

Pharmacist 3:
Full Name _____ PHA _____

Signature _____ Date _____

Witness:
Full Name _____

Signature _____ Date _____

Pharmacist 4:
Full Name _____ PHA _____

Signature _____ Date _____

Witness:
Full Name _____

Signature _____ Date _____

Pharmacist 5:
 Full Name _____ PHA _____
 Signature _____ Date _____

Witness:
 Full Name _____
 Signature _____ Date _____

Pharmacist 6:
 Full Name _____ PHA _____
 Signature _____ Date _____

Witness:
 Full Name _____
 Signature _____ Date _____

Application for Acquisition of a Financial Interest Payment

Under Division 81 of the Goods and Services Tax Regulation, the Treasurer has determined that the above application fee is exempt from the Goods and Services Tax (GST).

Application fee: \$550.00 in respect of each new financial interest

Cheque Made payable to the **Pharmacy Council of New South Wales**

Credit Card Complete details below

Name on the card _____

Cardholder's signature _____

Visa MasterCard

Card Number

Expiry date ____ / ____ Amount \$ _____ Date _____
 (please indicate amount to be debited)

We accept Visa or MasterCard only.

Statutory Declaration
OATHS ACT 1900, NSW, NINTH SCHEDULE

I, , of
[name of declarant] [residence]

do hereby solemnly declare and affirm that
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[the facts to be stated according to the declarant's knowledge, belief, or information, severally]

And I make this solemn declaration, as to the matter (or matters) aforesaid, according to the law in this behalf made – and subject to the punishment by law provided for any wilfully false statement in any such declaration.

Declared at: on
[place] [date]

.....
[signature of declarant]

in the presence of an authorised witness, who states:

I, , a ,
[name of authorised witness] [qualification of authorised witness]

certify the following matters concerning the making of this statutory declaration by the person who made it: [* please cross out any text that does not apply]

- 1. *I saw the face of the person OR *I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and
- 2. *I have known the person for at least 12 months OR *I have confirmed the person's identity using an identification document and the document I relied on was

[describe identification document relied on]

..... [signature of authorised witness] [date]