

## Application Form

### CHANGE OF PHARMACY OWNERSHIP where the purchaser is a **SOLE PHARMACIST**

**Application fee: \$550.00**

To be completed by the **purchaser** of the pharmacy and must be lodged with the Pharmacy Council of New South Wales ('the Council') at least **14 days before** the interest is acquired.

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').

All documentation must be received by the **lodgement date** for the application to be considered at the next Council Meeting. Lodgement and meeting dates can be found on the Council's website.

A '**Notice of Completion**' must be lodged within 14 days of finalisation of the sale of the pharmacy business.

**Vendors** must submit a 'Notice of Disposal of Financial Interest in a Pharmacy' within 14 days of selling/transferring the interest.

#### EXISTING PHARMACY DETAILS AS ON THE REGISTER

Pharmacy Name \_\_\_\_\_

Pharmacy Registration No. \_\_\_\_\_ PC \_\_\_\_\_

[see Guide Note 2 'Definitions - Pharmacy Registration Numbers']

Are you changing the name of the Pharmacy? Yes\*

\*If **yes** please also attach an application for 'Change of Pharmacy Name' No

Pharmacy street address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

#### PROPOSED PHARMACY CONTACT DETAILS

Telephone ( ) \_\_\_\_\_ Facsimile ( ) \_\_\_\_\_

Pharmacy Email \_\_\_\_\_

Postal Address \_\_\_\_\_

**CONTACT FOR THIS APPLICATION**

Name \_\_\_\_\_

Email \_\_\_\_\_ Tel \_\_\_\_\_

**CURRENT OWNER/S**

Current ownership: Sole owner/pharmacist  Partnership  Pharmacists' Body Corporate

Details of all current owners/members of a pharmacist body corporate to be completed. If more than six pharmacists, please attach a separate schedule.

Pharmacist 1:

Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Sole owner/pharmacist  Partner  Member of Pharmacists' Body Corporate

Name of Pharmacists' Body Corporate \_\_\_\_\_

\_\_\_\_\_

Pharmacist 2:

Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Partner  Member of Pharmacists' Body Corporate

Name of Pharmacists' Body Corporate \_\_\_\_\_

\_\_\_\_\_

Pharmacist 3:

Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Partner  Member of Pharmacists' Body Corporate

Name of Pharmacists' Body Corporate \_\_\_\_\_

\_\_\_\_\_

Pharmacist 4:

Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Partner  Member of Pharmacists' Body Corporate

Name of Pharmacists' Body Corporate \_\_\_\_\_

\_\_\_\_\_

Pharmacist 5:

Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Partner  Member of Pharmacists' Body Corporate

Name of Pharmacists' Body Corporate \_\_\_\_\_

\_\_\_\_\_

Pharmacist 6:

Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Partner  Member of Pharmacists' Body Corporate

Name of Pharmacists' Body Corporate \_\_\_\_\_

## 1. PHARMACY OWNERSHIP DETAILS TO BE REGISTERED

**Note:** If the sole owner/purchaser is a Pharmacists Body Corporate, **do not use this form**. An application for *Change of Ownership where the new ownership structure includes a Pharmacists Body Corporate* must be used.

### 1.1 Sole pharmacist owner/purchaser

Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Do you currently hold a financial 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 \_\_\_\_\_

## 2. ESTABLISHMENT DETAILS

The Law and the Regulation allows the Council access to relevant documentation for the purchase of a pharmacy. This section requires the disclosure of prescribed documents detailing the financial and other arrangements for the conduct of the pharmacy business.

### 2.1 Contract of sale/purchase agreement

Is a signed exchanged Contract of Sale or Purchase Agreement attached.  
Yes  No   
(See 7 - 'Document Schedule').

### 2.2 Details of Finance/ Contributions

[see Guide Note 9 'Financial Arrangements']

(Loan/Finance Agreement/documentation & Statutory Declaration (if applicable) must be attached, see 7 - 'Document Schedule')

Personal Contribution\* \$ \_\_\_\_\_

Name of Finance Lender \_\_\_\_\_ \$ \_\_\_\_\_

**Total Finance** \$ \_\_\_\_\_

\* a statutory declaration must be completed and attached wherever an applicant is contributing to the cost of finance through his or her own funds (see Annexure A).

See Guide Note 9 'Financial Arrangements' for more information about completing the statutory declaration including who may act as witness to a statutory declaration in NSW.

### 3. LEASE OF PREMISES

[Lease agreement of premises/transfer of lease document must be attached, see 7 - 'Document Schedule']

- 3.1 Will the pharmacy premises be leased? Yes   
No  (Go to 3.8)
- 3.2 Is this a new lease? Yes   
No
- 3.3 Is this a transfer of an existing lease? Yes   
No
- 3.4 Is the lease a sub-lease? Yes   
[see Guide Note 10 'Lease of Premises'] No

3.5 Complete the following lease details (details of the new or transferred lease):

Head Lessor Name \_\_\_\_\_

Lessor Name \_\_\_\_\_  
(sub-lease)

Lessee Name(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.6 What is the expiry date of this lease? \_\_\_\_\_

- 3.7 Does the lease have a percentage of turnover clause? Yes   
[see Guide Note 10 'Lease of Premises'] No

**Note:** Any provision or clause in a lease agreement which provides that the lessor is to receive money, or other consideration, that varies according to the turnover of the pharmacy, is **void**.

3.8 Other arrangement or understanding whether formal or informal, whether express or implied (please specify) and attach information explaining the arrangement.

\_\_\_\_\_  
\_\_\_\_\_

**4. PROFESSIONAL SERVICES ROOM**

Are you intending to establish a Professional Services Room associated with this pharmacy?  
[Professional Service Rooms are approved premises associated with, but separate to, the pharmacy and are limited to preparation and packaging, see Guide Note 13 'Professional Services Room Requirements']

Yes\*   
No

\*If **yes** please also attach an Application for Professional Services Room.

**5. SERVICE ENTITIES**

5.1 Will a Service Entity be operating in association with this pharmacy?  
[See Guide Note 7 'Service Entities']

Yes   
No  (Go to 6)

5.2 Service Entity name \_\_\_\_\_

ABN \_\_\_\_\_ ACN \_\_\_\_\_

5.3 What form is this Service Entity?  
(e.g. Trust, Service Company etc) \_\_\_\_\_

5.4 If a Trust, what is the name of the Trust?  
(Copy of Trust Deed is **not** required) \_\_\_\_\_

5.5 Is there a Service Agreement? Yes\*   
No

(\*If **yes** you must attach Service Agreement, see 7- 'Document Schedule' if no, you must attach information explaining the arrangements or understanding, whether formal or informal, whether express or implied)

**6. OTHER ARRANGEMENTS**

6.1 Franchise / Banner Group

(a) Is this pharmacy to be part of a franchise or banner group?

Yes\*   
No  (Go to 7)

(\*If **yes** you must attach Franchise or Banner Group Agreement, see 7- 'Document Schedule')

(b) Will this arrangement involve a Licence Agreement or Management Services Agreement?

Yes\*   
No

(\*If **yes** you must attach Licence Agreement or Management Services Agreement, see 7 - 'Document Schedule')

**Note:** Any provision or clause in a an agreement which provides that the lessor is to receive money, or other consideration, that varies according to the turnover of the pharmacy, is **void**.

## 7. DOCUMENTS REQUIRED

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

Any unsigned documentation will not be accepted.

### DOCUMENT SCHEDULE

(Please tick)

Document description	Document Attached	Not Applicable
Contract of 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"/>
Lease agreement of premises/Transfer of lease	<input type="checkbox"/>	<input type="checkbox"/>
Service Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Franchise/Banner Group Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Licence/Management Services Agreement	<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"/>

## 8. CONSIDERATION OF APPLICATION BY COUNCIL

All Applications are subject to Council approval. Completed Applications will be considered at the next monthly Council Meeting.

**Incomplete applications:** An application that remains incomplete, or not listed for approval, within 3 Council meetings of the lodgement, will be considered withdrawn, and a new application and fee will need to be lodged.

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 Australian Government Department of Human Services/Medicare.

A **Notice of Completion** must be lodged following settlement or transfer of ownership of a pharmacy business. The register of pharmacies will only be updated on receipt of the Notice of Completion.

**9. SIGNATURE AND DECLARATION**

**To be signed by the pharmacist owner/purchaser.**

Your signature below is a declaration by you that the information provided in this application is correct and complete. The provision of information you know to be incorrect or incomplete may constitute unsatisfactory professional conduct.

Purchaser/pharmacist:

Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness:  
Full Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: Vendors must submit a 'Notice of Disposal of Financial Interest in a Pharmacy' if fully disposing of their interest in this pharmacy. Such Notice must be lodged within 14 days of selling/transferring the interest.

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**Application for Change of Pharmacy Ownership /sole pharmacist Payment**

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

**Application fee: \$550.00**

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 \$550.00 Date \_\_\_\_\_  
(Please insert 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 willfully 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]