

ANNUAL DECLARATION FINANCIAL INTEREST IN A PHARMACY BUSINESS

Due date: 30 June 2018

If you hold a financial interest in a NSW pharmacy business you must complete an annual declaration regarding your interest for **each pharmacy in which you held an interest during the period 1 May 2017 to 30 April 2018.**

A maximum penalty of \$2,200 applies for failure to submit a declaration by the due date.

By signing this form you are declaring that the information provided is true and complete and that all documents related to your financial interests have been lodged with the Pharmacy Council of NSW.

Name of person holding a financial interest: _____ PHA _____

Signature: _____ Date: _____

1. Name of Pharmacy: _____ Reg No. _____

Nature and basis on which the interest was held: *Please tick as required and complete with details*

- Sole trader
- Partnership of pharmacists
- Pharmacists' Body Corporate. Name: _____
- Shareholder and/or Director
- Trustee of a Trust or Beneficiary/ unit holder. Name of Trust: _____
- Friendly Society Grandfathered non-pharmacist owner
- Pharmacy is part of a franchise/banner group. Name of franchise/banner group _____

2. Name of Pharmacy: _____ Reg No. _____

Nature and basis on which the interest was held: *Please tick boxes as required and complete with details*

- Sole trader
- Partnership of pharmacists
- Pharmacists' Body Corporate. Name: _____
- Shareholder and/or Director
- Trustee of a Trust or Beneficiary/ unit holder. Name of Trust: _____
- Friendly Society Grandfathered non-pharmacist owner
- Pharmacy is part of a franchise/banner group. Name of franchise/banner group _____

Please continue

Name of person holding a financial interest: _____ PHA _____

Please sign below.

3. Name of Pharmacy: _____ Reg No. _____

Nature and basis on which the interest was held: *Please tick boxes as required and complete with details*

- Sole trader
- Partnership of pharmacists
- Pharmacists' Body Corporate. Name: _____
- Shareholder and/or Director
- Trustee of a Trust or Beneficiary/ unit holder. Name of Trust: _____
- Friendly Society Grandfathered non-pharmacist owner
- Pharmacy is part of a franchise/banner group. Name of franchise/banner group _____

4. Name of Pharmacy: _____ Reg No. _____

Nature and basis on which the interest was held: *Please tick boxes as required and complete with details*

- Sole trader
- Partnership of pharmacists
- Pharmacists' Body Corporate. Name: _____
- Shareholder and/or Director
- Trustee of a Trust or Beneficiary/ unit holder. Name of Trust: _____
- Friendly Society Grandfathered non-pharmacist owner
- Pharmacy is part of a franchise/banner group. Name of franchise/banner group _____

5. Name of Pharmacy: _____ Reg No. _____

Nature and basis on which the interest was held: *Please tick boxes as required and complete with details*

- Sole trader
- Partnership of pharmacists
- Pharmacists' Body Corporate. Name: _____
- Shareholder and/or Director
- Trustee of a Trust or Beneficiary/ unit holder. Name of Trust: _____
- Friendly Society Grandfathered non-pharmacist owner
- Pharmacy is part of a franchise/banner group. Name of franchise/banner group _____

Signature: _____ Date: _____

Return your completed declaration to the Pharmacy Council of NSW:

- by post - Pharmacy Council of NSW, Locked Mail 20, Haymarket, NSW 1238
- by email - mail@pharmacycouncil.nsw.gov.au

Information to assist you in completing this declaration may be found on the Pharmacy Council of NSW's website:
www.pharmacycouncil.nsw.gov.au