

Notice

CHANGE OF PHARMACY NAME

To be completed when a pharmacy changes its name.

This notice 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 pharmacy signs, stationery and advertising must be in the name registered with the Pharmacy Council of New South Wales.

EXISTING PHARMACY DETAILS AS ON THE REGISTER

Current Pharmacy Name _____

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

DETAILS TO BE REGISTERED

New Pharmacy Name _____

Street Address _____
_____ Postcode _____

Telephone () _____ Facsimile () _____

Email _____

Postal Address _____
_____ Postcode _____

CONTACT FOR THIS APPLICATION

Name _____

Email _____ Tel _____

1. OWNERSHIP DETAILS

Ownership: Sole Owner Partnership Pharmacists' Body Corporate

Name of Pharmacists' Body Corporate (if applicable) _____

2. OTHER ARRANGEMENTS

2.1 Franchise / Banner Group

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

Yes*
No (Go to 3)

(*If **yes** you must attach Franchise or Banner Group Agreement, see 3 - 'Document Schedule')

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

Yes*
No

(*If **yes** attach Licence Agreement or Management Services Agreement, see 3 - 'Document Schedule')

Note: Any provision or clause in a licence 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. DOCUMENTS REQUIRED

The Law permits the Council to request copies of any documents in support of this application. All relevant documents in the document schedule 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
Lease agreement of premises/Transfer of lease to new pharmacy name	<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"/>
Certificate of Registration of Business Name	<input type="checkbox"/>	<input type="checkbox"/>

4. SIGNATURES AND DECLARATIONS BY ALL PARTIES

ALL PHARMACISTS TO SIGN

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

If more than six partners / members of a Pharmacists' Body Corporate, please attach a separate schedule.

Pharmacist 1:

Full Name _____ PHA _____

Signature _____ Date _____

Pharmacist 2:

Full Name _____ PHA _____

Signature _____ Date _____

Pharmacist 3:

Full Name _____ PHA _____

Signature _____ Date _____

Pharmacist 4:

Full Name _____ PHA _____

Signature _____ Date _____

Pharmacist 5:

Full Name _____ PHA _____

Signature _____ Date _____

Pharmacist 6:

Full Name _____ PHA _____

Signature _____ Date _____