Pharmacy Council of New South Wales

Protecting the public
Regulating pharmacists and pharmacies

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Notice

COMPLETION – TRANSFER OF OWNERSHIP OR SALE (SETTLEMENT) OF A PHARMACY BUSINESS

To be completed by the **purchaser** of the pharmacy once transfer of ownership or sale (settlement) of a pharmacy business has been finalised. The register of pharmacies will only be updated on receipt of this notice.

This notice is to be lodged with the Pharmacy Council of New South Wales ('the Council') **within 14 days** of settlement. **Fines apply for failure to notify the Council within the required timeframe.**

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').

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

PHARMACY DETAILS

Pharmacy Name _____

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

Street Address _____

_____ Postcode _____

Date of completion of sale (settlement) of the pharmacy business _____

CONTACT FOR THIS NOTICE

Name _____

Email _____ Tel _____

OWNERSHIP DETAILS

Ownership: Sole Owner ☐ Partnership ☐ Pharmacists' Body Corporate ☐

Name of Pharmacists' Body Corporate (if applicable) _____

DECLARATION BY PHARMACIST OWNERS OF THE PHARMACY

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 _____