



## Application Form

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

**Application fee: \$615.00 for each new financial interest.**

### INSTRUCTIONS

**When do I use this form?** This form is to be lodged with the Pharmacy Council of NSW (the Council) when intending to register new financial interest/s in an existing pharmacy business by acquiring shares in a Pharmacists' Body Corporate (where the Pharmacists' Body Corporate is an existing owner/financial interest holder in the business) and/or appointment as a new director of the Pharmacists' Body Corporate.

**When do I need to lodge my application?** This application must be lodged with the Council at least 14 days before the intended date of acquisition. Fines apply for failure to notify the Council within the required timeframe.

**What does the application fee include?** The application fee is \$615 for each shareholder and director acquiring a financial interest in the pharmacy business. Examples provided in 'The Guide' will assist. 'The Guide' is available on the Council's website under the 'Resources' tab at <https://www.pharmacycouncil.nsw.gov.au/>.

**Where can I get help in completing my application?** 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'). The services of a lawyer, accountant or pharmacy broker may also assist.

**How long will it take to approve my application?** Only complete and compliant applications will be considered for approval. Please see section 6 of this form 'Consideration of application, approval and inspection by Council' for assessment and approval timeframes.

**What do I need to do once this application has been approved?** A Notice of Completion must be lodged with Council by the pharmacist acquiring the financial interest within 14 days of the transfer of the interest. The register of pharmacies will be updated on receipt of the Notice of Completion, together with the updated ASIC extract and any outstanding documentation.

### EXISTING PHARMACY DETAILS ON THE NSW REGISTER OF PHARMACIES

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

Pharmacy Registration No      PC \_\_\_\_\_  
[see Guide Note 1 'Definitions - Pharmacy Registration Numbers']

Street Address \_\_\_\_\_

Postcode \_\_\_\_\_

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

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

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

## CONTACT FOR THIS APPLICATION

Name \_\_\_\_\_

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

### 1. PHARMACISTS' BODY CORPORATE DETAILS

1.1 Registered name of Pharmacists' Body Corporate \_\_\_\_\_

\_\_\_\_\_ ACN \_\_\_\_\_

➤ *Document required: ASIC Certificate of Registration and Company Extract is to be attached.*

1.2 Is the Pharmacists' Body Corporate to act/acting as trustee of a Trust?

Yes

No  (Go to 2)

1.3 What is the name of the Trust?

\_\_\_\_\_

➤ *Document required: Trust Deed is to be attached.*

1.4 Trust Certification

**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 hold a financial interest in the pharmacy business are to complete the following details.

**Note:** Any Shareholder or director who divests themselves of their financial interest in the pharmacy business must submit a 'Notice of Disposal of Financial Interest in a Pharmacy Business.'

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 FINANCIAL INTERESTS TO BE REGISTERED

**Pharmacists who are acquiring a financial interest in the pharmacy business as a new shareholder and/or as a director of a Pharmacists' Body Corporate are to complete the following details.**

- *Documents required: Any Shareholders Agreement, Notice of Appointment of Director, Share Sale/Purchase Agreement, Loan/Finance Agreement & Statutory Declaration (if applicable) must be attached.*

**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. DETAILS OF FINANCE: BORROWED FUNDS / PERSONAL CONTRIBUTIONS**

The Law and the Regulation allows the Council to access prescribed documentation related to an acquisition of financial interest in a pharmacy business. In this section, applicants are required to disclose information detailing financial and other arrangements relevant to the acquisition.

**Note:** To be completed by pharmacists acquiring a new financial interest in the pharmacy business. [see Guide Note 9 'Financial Arrangements']

➤ *Document required: Any Loan/Finance Agreement/documentation must be attached.*

Pharmacist 1:  
Personal Contribution\* \$ \_\_\_\_\_

Borrowed Funds\* \$ \_\_\_\_\_

Name of Finance Lender (if applicable) \_\_\_\_\_

Pharmacist 2:  
 Personal Contribution\* \$ \_\_\_\_\_

Borrowed Funds\* \$ \_\_\_\_\_

Name of Finance Lender (if applicable) \_\_\_\_\_

  

Pharmacist 3:  
 Personal Contribution\* \$ \_\_\_\_\_

Borrowed Funds\* \$ \_\_\_\_\_

Name of Finance Lender (if applicable) \_\_\_\_\_

  

Pharmacist 4:  
 Personal Contribution\* \$ \_\_\_\_\_

Borrowed Funds\* \$ \_\_\_\_\_

Name of Finance Lender (if applicable) \_\_\_\_\_

  

Pharmacist 5:  
 Personal Contribution\* \$ \_\_\_\_\_

Borrowed Funds\* \$ \_\_\_\_\_

Name of Finance Lender (if applicable) \_\_\_\_\_

  

Pharmacist 6:  
 Personal Contribution\* \$ \_\_\_\_\_

Borrowed Funds\* \$ \_\_\_\_\_

Name of Finance Lender (if applicable) \_\_\_\_\_

  

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

*\*Document required: If you are contributing to the cost of finance through your own funds, gifted funds, or borrowed funds where there is no formal loan agreement document, you must attach a statutory declaration outlining the arrangements (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.

## 5. DOCUMENTS REQUIRED

The Law permits the Council to require production of any document considered necessary to assess this application. All relevant documents including any shareholder agreement, share sale agreement, loan finance agreement or mortgage over the pharmacy, where applicable, must be lodged with this application.

The Council will require the following duly executed documents to support the application at least 14 days before acquiring the financial interest in the pharmacy business:

1. Sale agreement – eg. share sale agreement
2. Shareholder agreement
3. Finance arrangements – eg. bill of sale, loan offer (loan facility agreement), vendor finance, business security agreement
4. Trust deeds (if trust is involved)

#### DOCUMENT CHECKLIST

The following checklist should be completed to ensure all relevant documentation is provided at the time of lodging this application.

Incomplete applications, that is, applications with incomplete documentation, or unsigned documentation when signed and executed documentation is required, will not be approved.

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 are required to be attached to or included with this form.	<input type="checkbox"/>	<input type="checkbox"/>

## 6. CONSIDERATION OF APPLICATION BY COUNCIL

### **Timeframe for consideration of applications:**

Within 2 business days of receipt of your application we will contact you to confirm receipt. Within 10 business days of receipt of your application we will send correspondence either confirming approval (for complete and compliant applications), or notifying you of any outstanding documentation, issues requiring rectification or if documentation requires legal review.

### **What happens if my application requires legal review?**

The timeframe for consideration of applications requiring extensive legal review will be determined on a case by case basis. If your application requires a legal review, we will provide you with an approximate timeframe for the review and inform you of any associated costs.

### **What do I do if my application has been refused?**

Applications will be considered for refusal if required documentation remains inadequate or outstanding one month after lodgement of the application.

If your application is refused, you may submit a new application or lodge an appeal against the

decision in the NSW Civil and Administrative Tribunal (NCAT). See rights of appeal at Guide Note 22 - 'Timetable for registrations and appeals'

## 7. SIGNATURES AND DECLARATIONS BY ALL PARTIES

### ALL SHAREHOLDERS/ DIRECTORS (existing and new) 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.

Signatures must be witnessed.

#### 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: \$615.00 for each new financial interest**

Please complete credit card details below.

Name on the card \_\_\_\_\_

Cardholder's signature \_\_\_\_\_

Visa  MasterCard  We accept Visa or MasterCard only.

Card Number

Expiry date \_\_\_\_ / \_\_\_\_

Amount \$ \_\_\_\_\_ Date \_\_\_\_\_  
(please indicate amount to be debited)

**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]