

Application Form

CHANGE OF PHARMACY OWNERSHIP

where the new ownership structure includes 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 a change to the ownership of a pharmacy business is to occur and the new financial interests holders in the business will include a 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 financial interests are acquired. Fines apply for failure to notify the Council within the required timeframe.

What does the application fee include? The application fee is \$615 to register each new financial interest in the pharmacy business, including the financial interest to be held by the Pharmacists' Body Corporate/s. Examples provided in 'The Guide' will assist in calculating the fee payable.

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 Guide' is available on the Council's website under the 'Resources' tab at <https://www.pharmacycouncil.nsw.gov.au/>. 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 10 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 purchasers within 14 days of settlement or transfer of ownership of the pharmacy business. The register of pharmacies will be updated on receipt of the Notice of Completion, together with any outstanding documentation.

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

EXISTING PHARMACY DETAILS ON THE NSW REGISTER OF PHARMACIES

Pharmacy Name _____

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

Pharmacy street address _____

_____ Postcode _____

CONTACT FOR THIS APPLICATION

Name _____

Email _____ Tel _____

1 PROPOSED PHARMACY BUSINESS DETAILS

- 1.1 Are you changing the name of the Pharmacy? Yes*
No (Go to 1.3)

➤ **Document required: Certificate of Registration of Business Name must be attached.*

Note: All pharmacy signs, stationery and advertising must be in the name registered with the Council.

1.2 New Pharmacy Name _____

1.3 Pharmacy Email _____ Tel _____

1.4 Postal Address _____

2. 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 _____

3. PHARMACY OWNERSHIP DETAILS TO BE REGISTERED

3.1 Is the pharmacy to be owned by:

Pharmacists' Body Corporate/s (Complete 3.2 to 3.8 inclusive)

Pharmacists' Body Corporate/s and other pharmacist/s (Complete 3.2 to 3.9 inclusive)

3.2 Summary of proposed ownership structure

Please complete the following sections as applicable and attach a separate schedule summarising the proposed structure.

➤ *Document required: Summary of business structure must be attached.*

3.3 Pharmacists' Body Corporate/s

Number of Pharmacists' Body Corporates _____

If more than one Pharmacists' Body Corporate, please attach a separate schedule (3.4 to 3.8) for each.

3.4 Pharmacists' Body Corporate details

Registered name of Corporation _____

➤ *Document required: ASIC Certificate of Registration, Current ASIC Company Extract and Shareholders' Agreement must be attached*

ACN _____

Total number of members (directors/shareholders) in the Pharmacists' Body Corporate _____

All directors & shareholders of the Pharmacists' Body Corporate are to complete details.

Pharmacist 1:

Full Name _____ PHA _____

(please tick) Director Shareholder

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

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

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

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

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

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 _____

3.5 Does the Pharmacists' Body Corporate act as a trustee of any Trust?

Yes
No (Go to 3.9)

3.6 What is the name of the Trust?

➤ *Document required: Trust Deed must be attached.*

3.7 Who are the beneficiaries/unitholders/trustees (if more than one trustee) of the Trust?
(All must hold General Registration)

Pharmacist 1:
Full Name _____ PHA _____

Pharmacist 2:
Full Name _____ PHA _____

Pharmacist 3:
Full Name _____ PHA _____

Pharmacist 4:
Full Name _____ PHA _____

Pharmacist 5:
Full Name _____ PHA _____

Pharmacist 6:
Full Name _____ PHA _____

3.8 Trust Certification

The trust deed will be reviewed for compliance with the Law. If the trust is deemed non-compliant and a Trust Certification Checklist and Schedule of Amendments is required, you will incur a fee for the drafting of the Trust Certification Checklist and Schedule of Amendments. The fee 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]

I/we acknowledge that the Trust deed will be reviewed and may, if deemed non-compliant, require the drafting of the Trust Certification Checklist and Schedule of Amendments. Should this occur, I/we undertake to meet the cost of the drafting of the Trust Certification Checklist and Schedule of Amendments on issue of an invoice from the Council.

Signed on behalf of the Pharmacists' Body Corporate Please print full name

3.9 Are there 'Other Pharmacist/s' included in the proposed new business structure? (Other pharmacist/s' are any pharmacist who is to hold a financial interest in the pharmacy in his or her own capacity.)

Yes*
No (Go to 4)

*Both 3.4 and 3.9 must be completed by pharmacists who are to hold a financial interest in the pharmacy in their own capacity and as a shareholder and/or Director of a Pharmacists Body Corporate.

Number of 'other pharmacist/s' _____

[See Guide Note 4 "pharmacist' Partnership]. If not in print, provide details of the arrangements including the rights, obligations and liabilities of each partner.)

Is there more than one 'other pharmacist'?

Yes*
No

➤ *Document required: Partnership Agreement between these pharmacists is to be attached.

Pharmacist details

If more than six pharmacists please attach a separate schedule.

Pharmacist 1:
Full Name _____ PHA _____

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 _____

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 _____

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 _____

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 _____

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 _____

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 _____

4. 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.

4.1 Contract of sale/purchase agreement

Is there a signed exchanged Contract of Sale or Purchase Agreement? Yes* No

➤ **Document required: A signed exchanged Contract of Sale or Purchase Agreement must be attached.*

4.2 Details of Finance: Borrowed Funds / Personal Contributions

[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. DETAILS OF LEASE OF PREMISES

➤ **Document required: Lease agreement of premises/transfer of lease document must be attached.*

- 5.1 Will the pharmacy premises be leased? Yes
 No (Go to 5.8)
- 5.2 Is this a new lease? Yes
 No
- 5.3 Is this a transfer of an existing lease? Yes
 No
- 5.4 Is the lease a sub-lease? Yes
 [see Guide Note 10 'Lease of Premises'] No

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

Head Lessor Name _____

Lessor Name _____
 (sub-lease)

Lessee Name(s) _____

5.6 What is the expiry date of this lease? _____

- 5.7 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**.

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

6. 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'.

7. SERVICE ENTITIES

7.1 Will a Service Entity be operating in association with this pharmacy?

[See Guide Note 7 'Service Entities']

Yes

No (Go to 8)

7.2 Service Entity name _____

ABN _____ ACN _____

7.3 What form is this Service Entity?

(e.g. Trust, Service Company etc) _____

7.4 If a Trust, what is the name of the Trust? _____

(Copy of Trust Deed is **not** required)

7.5 Is there a Service Agreement? Yes*

No**

➤ *Document required: ***If yes**, the Service Agreement must be attached. ****If no**, information explaining the arrangements or understanding, whether formal or informal, whether express or implied*

8. OTHER ARRANGEMENTS

8.1 Is this pharmacy to be part of a franchise or banner group? Yes*

No (Go to 9)

➤ **Document required: Franchise or Banner Group Agreement must be attached*

8.2 Will this arrangement involve a Licence Agreement or Management Services Agreement?

Yes*

No

➤ **Document required: The Licence Agreement or Management Services Agreement must be attached*

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

9. DOCUMENTS REQUIRED

The Law permits the Council to require production of any document considered necessary to assess this application. All relevant documents including any 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. contract for sale of business, unit sale agreement
2. Service agreement
3. Franchise agreement (executed by at least the franchisee)
4. Finance arrangements – eg. bill of sale, loan offer (loan facility agreement), vendor finance, business security agreement
5. Trust deeds (if trust is involved)
6. Lease/sub-lease (unless this is a new lease in which case it must be signed by the tenant)
7. Consent to lease/transfer of lease form (executed by the transferor and transferee)

The Council acknowledges that specific documents will not be signed/executed until this application has been approved. The following duly executed documents which may not be available until after settlement of the sale, must be provided within 14 days after acquisition of the interest in the pharmacy business:

- A. Consent to lease/transfer of lease form (executed all parties including the landlord)
- B. Notice of completion
- C. Notice of disposal

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
Certificate of Registration of Business Name	<input type="checkbox"/>	<input type="checkbox"/>
Summary of Ownership Structure	<input type="checkbox"/>	<input type="checkbox"/>
ASIC Certificate of Registration	<input type="checkbox"/>	<input type="checkbox"/>
Current ASIC Company Extract	<input type="checkbox"/>	<input type="checkbox"/>
Shareholders Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Trust Deed	<input type="checkbox"/>	<input type="checkbox"/>
Partnership Agreement	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>

10. 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'

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.

Note: Following confirmation of approval, it is the applicant's responsibility to notify the Australian Government Department of Human Services/Medicare.

11. SIGNATURES AND DECLARATIONS

All pharmacists either purchasing or retaining a financial interest in the pharmacy must sign.

The following signatures are a declaration by the pharmacist(s) 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.

Signatures must be witnessed.

If more than six partners, please attach a separate schedule.

Pharmacist 1:

Full Name _____ PHA _____

Signature _____ Date _____

Witness:

Full Name _____

Signature	_____	Date	_____
<u>Pharmacist 2:</u>			
Full Name	_____	PHA	_____
Signature	_____	Date	_____
Witness:			
Full Name	_____		
Signature	_____	Date	_____
<u>Pharmacist 3:</u>			
Full Name	_____	PHA	_____
Signature	_____	Date	_____
Witness:			
Full Name	_____		
Signature	_____	Date	_____
<u>Pharmacist 4:</u>			
Full Name	_____	PHA	_____
Signature	_____	Date	_____
Witness:			
Full Name	_____		
Signature	_____	Date	_____
<u>Pharmacist 5:</u>			
Full Name	_____	PHA	_____
Signature	_____	Date	_____
Witness:			
Full Name	_____		
Signature	_____	Date	_____
<u>Pharmacist 6:</u>			
Full Name	_____	PHA	_____
Signature	_____	Date	_____
Witness:			
Full Name	_____		
Signature	_____	Date	_____

Application for Change of Pharmacy Ownership/ Pharmacists' Body Corporate 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: \$615 for each new financial interest

(Refer to 'The Guide' for assistance in determining the fee payable for this application)

Please complete credit card details below.

Name on the card _____

Cardholder's signature _____

Visa MasterCard We accept Visa or MasterCard only.

Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

[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]