



## Application Form

### CHANGE OF PHARMACY OWNERSHIP

where the purchaser is a **SOLE PHARMACIST** or **FRIENDLY SOCIETY**

**Application fee: \$615.00**

#### INSTRUCTIONS

**When do I use this form?** This form is to be lodged with the Pharmacy Council of NSW (the Council) by a pharmacist who is purchasing a pharmacy business and will hold his/her financial interest in the business as sole proprietor, or a Friendly Society with Ministerial approval to purchase a pharmacy business.

**When do I need to lodge my application?** This application must be lodged with the Council by the purchaser at least 14 days before the financial interest is 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 the financial interest of the pharmacist or Friendly Society in the pharmacy business.

**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 purchaser 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.

**Note for the vendor:** Vendors must submit a 'Notice of Disposal of Financial Interest in a Pharmacy' within 14 days of selling/transferring the 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. FINANCIAL INTEREST TO BE REGISTERED**

**Note:** If the proposed owner/purchaser is a Pharmacists Body Corporate, **do not use this form**. An application for *Change of Ownership* where the new ownership structure includes a *Pharmacists Body Corporate* must be used.

3.1 Sole pharmacist owner/purchaser - new financial interest to be registered.

Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Do you currently hold a financial 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 \_\_\_\_\_

3.1 Friendly Society

[see Guide Note 8 - Non Pharmacist Ownership structures]

3.1.1 Name of Friendly Society \_\_\_\_\_

3.1.2 Has Ministerial approval been granted?

Yes   
No \*

\*The Council cannot approve a pharmacy to be owned by a Friendly Society without prior Ministerial approval having been granted. It is the responsibility of the Friendly Society to apply for approval from the NSW Minister for Health.

➤ *Document required: Letter from the NSW Minister for Health granting approval.*

3.1.3 Pharmacist appointed to be responsible for compliance with display of owner's name and display of drug prices in accordance with the *Price Information Code of Practice*.

Full Name \_\_\_\_\_ PHA \_\_\_\_\_

#### 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

➤ *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 / Friendly Society:

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. 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 (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: The 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"/>
Ministerial letter of approval	<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"/>
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"/>

## 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. DECLARATION BY PHARMACIST OWNER / FINANCIAL INTEREST HOLDER

**To be completed by the owner/purchaser.**

Your signature below is a declaration by you as intended holder of the financial interest in the pharmacy business that the information provided is correct and complete. The provision of information you know to be incorrect or incomplete may constitute unsatisfactory professional conduct.

Your signature must be witnessed.

Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Full Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

---

**Application for Change of Pharmacy Ownership /sole pharmacist 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: \$615.00**

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 \$615.00 Date \_\_\_\_\_  
(Please insert 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]