



## Application Form

# ACQUISITION OF FINANCIAL INTEREST IN A PHARMACY BUSINESS AS A UNIT HOLDER OR BENEFICIARY OF A TRUST

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

### INSTRUCTIONS

**When do I use this form?** This form is to be completed by pharmacists intending to register a financial interest in an existing pharmacy business as a unit holder or beneficiary of a Trust, where the Trustee carries on the pharmacy business.

**When do I need to lodge this application?** This application must be lodged with the Council at least 14 days before the intended acquisition of financial interest. 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 unit holder/beneficiary acquiring a financial interest 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 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 and any outstanding documentation.

### EXISTING PHARMACY DETAILS AS ON THE REGISTER

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

Pharmacy Registration No      PC \_\_\_\_\_  
[see Guide Note 2 – '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 Corporation (Pharmacists Body Corporate) \_\_\_\_\_

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

➤ Document required: ASIC Certificate of Registration & Company Extract, must be attached.

1.2 The Pharmacists’ Body Corporate acts as trustee of a Trust. What is the name of the Trust?

\_\_\_\_\_

➤ Document required: Trust Deed must be attached.

1.3 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 Unitholders/ beneficiaries of the Trust are to complete the following details.**

**Note:** Any unitholder/ beneficiary who ceases to be a unitholder/ beneficiary and has no other involvement with the pharmacists’ body corporate or pharmacy business must submit a ‘Notice of Disposal of Financial Interest in a Pharmacy Business.’

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. NEW unit holder/ beneficiary – pharmacists who are acquiring a financial interest in the pharmacy as a new unit holder or beneficiary of a Trust, or where the Pharmacists' Body Corporate acts as a Trustee of the Trust.**

➤ *Documents required: Relevant minutes, unit application or certificate, amended Trust schedules where applicable must be attached.*

Pharmacist 1:  
Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Date of Acquisition/ Allotment of Units \_\_\_\_\_

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 \_\_\_\_\_

Date of Acquisition/ Allotment of Units \_\_\_\_\_

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 \_\_\_\_\_

Date of Acquisition/ Allotment of Units \_\_\_\_\_

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 \_\_\_\_\_

Date of Acquisition/ Allotment of Units \_\_\_\_\_

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 \_\_\_\_\_

Date of Acquisition/ Allotment of Units \_\_\_\_\_

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 \_\_\_\_\_

Date of Acquisition/ Allotment of Units \_\_\_\_\_

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)	_____	
<b>Total Finance</b>		<b>\$ _____</b>

*\*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, 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. Finance arrangements – eg. loan offer (loan facility agreement), vendor finance, business security agreement
2. Trust deed /Variation of Trust Deed (if trust is involved)

### DOCUMENT CHECKLIST

The following checklist should be completed to ensure all relevant documentation is provided at the time of lodging the 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"/>
Relevant minutes	<input type="checkbox"/>	<input type="checkbox"/>
Unit application or certificate	<input type="checkbox"/>	<input type="checkbox"/>
Amended Trust schedules	<input type="checkbox"/>	<input type="checkbox"/>
Variation of Trust Deed	<input type="checkbox"/>	<input type="checkbox"/>
Statutory Declaration (Annexure A)	<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"/>

## 6. CONSIDERATION OF APPLICATION AND APPROVAL

### **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**

### ALL UNITHOLDERS/ BENEFICIARIES 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 \_\_\_\_\_

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### 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 acquired.**

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 provide 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]