



Notice

CHANGE OF PHARMACY NAME

INSTRUCTIONS

When do I use this form? This form is to be lodged with the Pharmacy Council of NSW (the Council) when a pharmacy changes its name.

Where can I get help in completing my Notice? 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'). '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.

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

EXISTING PHARMACY DETAILS ON THE NSW REGISTER OF PHARMACIES

Current Pharmacy Name _____

Pharmacy Registration No PC _____
[see Guide Note 1 – Definitions 'Pharmacy Registration Numbers']

Street Address _____
_____ Postcode _____

DETAILS TO BE REGISTERED

New Pharmacy Name _____

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

Pharmacy Email _____ Tel _____

Postal Address _____
_____ Postcode _____

CONTACT FOR THIS APPLICATION

Name _____

Email _____ Tel _____

1. OWNERSHIP DETAILS

Ownership: Sole Owner Partnership Pharmacists' Body Corporate

Name of Pharmacists' Body Corporate (if applicable) _____

2. OTHER ARRANGEMENTS

- 2.1 Is this pharmacy to be part of a franchise or banner group? Yes*
No (Go to 3)

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

- 2.2 Will this arrangement involve a Licence Agreement or Management Services Agreement?

Yes*
No

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

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

3. DOCUMENTS REQUIRED

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

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

DOCUMENT CHECKLIST

Document description	Document Attached	Not Applicable
Certificate of Registration of Business Name	<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"/>

4. SIGNATURES AND DECLARATIONS BY ALL PARTIES

ALL PHARMACISTS TO SIGN

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 _____