

Notice

COMPLETION – SALE (SETTLEMENT) OF A PHARMACY BUSINESS OR TRANSFER OF FINANCIAL INTEREST IN A PHARMACY BUSINESS

INSTRUCTIONS

When do I use this form? This form is to be lodged with the Pharmacy Council of NSW (the Council) by the **purchaser** once the transfer of ownership or sale (settlement) of a pharmacy business has been finalized, or following completion of the acquisition of financial interest in the pharmacy business as a shareholder/director of a pharmacists' body corporate owner of the business, or unit holder /beneficiary of a trust. The NSW Register of Pharmacies will be updated upon receipt of this notice, subject to all required information/documentation having been provided.

When do I need to lodge this Notice? This Notice must be lodged within 14 days of the transfer of ownership in the pharmacy business, sale (settlement) of the business or acquisition of financial interest in the pharmacy business. Fines apply for failure to notify the Council within the required timeframe.

Where can I get help in completing this 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.

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

PHARMACY DETAILS

Pharmacy Name _____

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

Street Address _____

_____ Postcode _____

Date of completion of sale (settlement) of the pharmacy business _____

CONTACT FOR THIS NOTICE

Name _____

Email _____ Tel _____

1 OWNERSHIP DETAILS

Ownership: Sole Owner Partnership Pharmacists' Body Corporate

Name of Pharmacists' Body Corporate (if applicable) _____

2 DOCUMENTS REQUIRED

This section is to be completed in respect of documents outstanding.

DOCUMENT CHECKLIST

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

Document description	Document Attached	Not Applicable
Signed copies of finance agreements	<input type="checkbox"/>	<input type="checkbox"/>
Signed lease document	<input type="checkbox"/>	<input type="checkbox"/>
Signed Franchise Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Updated ASIC Extract	<input type="checkbox"/>	<input type="checkbox"/>

3 DECLARATION BY PHARMACIST OWNERS / FINANCIAL INTEREST HOLDERS IN THE PHARMACY

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 _____