



Notice

DISPOSAL 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 a pharmacist who is disposing of his/her financial interest in a pharmacy business. This occurs when a pharmacist (including shareholders/Directors in a Pharmacists’ Body Corporate) sells the business or transfers their financial interest in the business, or a unit holder or beneficiary of a trust disposes of their interest.

The NSW Register of Pharmacies will be updated upon receipt of this notice, subject to all required information having been provided, including a Notice of Completion (if applicable), lodged by the purchaser confirming finalisation of sale of the business or acquisition of financial interest.

This Notice is not used when a pharmacy has closed – in this instance a ‘Notice of Closure of Pharmacy’ is to be lodged.

When do I need to lodge this Notice? This Notice must be lodged within 14 days of selling or transferring the financial interest. Fines apply for failure to notify the Council within the required timeframe.

Where can I get help in completing the 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.

Notes: It is the responsibility of the purchaser/s of the pharmacy to submit an application for ‘Change of Ownership’ at least 14 days before acquiring a financial interest in the business.

PHARMACY DETAILS

Pharmacy Name _____

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

Street Address _____
_____ Postcode _____

CONTACT FOR THIS NOTICE

Name _____

Email _____ Tel _____

VENDOR/S DISPOSING OF AN INTEREST

All vendors who are have disposed of a financial interest in the pharmacy business must complete details and sign. The signatures below are a declaration by the 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.

Pharmacist 1:

Full Name _____ PHA _____

- Nature of disposed Interest: Sole pharmacist owner
- Partner a pharmacists’ partnership
- Shareholder and/or director of a Pharmacists’ Body Corporate
- Unit holder / Beneficiary of a trust

Name of Pharmacists’ Body Corporate (if applicable) _____
(If the interest in the relevant pharmacy business was held as a member in more than one Pharmacists’ Body Corporate, please add details)

Signature _____ Date _____

Pharmacist 2:

Full Name _____ PHA _____

- Nature of disposed Interest: Sole pharmacist owner
- Partner a pharmacists’ partnership
- Shareholder and/or director of a Pharmacists’ Body Corporate
- Unit holder / Beneficiary of a trust

Name of Pharmacists’ Body Corporate (if applicable) _____
(If the interest in the relevant pharmacy business was held as a member in more than one Pharmacists’ Body Corporate, please add details)

Signature _____ Date _____

Pharmacist 3:

Full Name _____ PHA _____

- Nature of disposed Interest: Sole pharmacist owner
- Partner a pharmacists’ partnership
- Shareholder and/or director of a Pharmacists’ Body Corporate
- Unit holder / Beneficiary of a trust

Name of Pharmacists’ Body Corporate (if applicable) _____
(If the interest in the relevant pharmacy business was held as a member in more than one Pharmacists’ Body Corporate, please add details)

Signature _____ Date _____

Pharmacist 4:

Full Name _____ PHA _____

- Nature of disposed Interest: Sole pharmacist owner
 Partner a pharmacists' partnership
 Shareholder and/or director of a Pharmacists' Body Corporate
 Unit holder / Beneficiary of a trust

Name of Pharmacists' Body Corporate (if applicable) _____
(If the interest in the relevant pharmacy business was held as a member in more than one Pharmacists' Body Corporate, please add details)

Signature _____ Date _____
 PHA _____

Pharmacist 5:

Full Name _____

- Nature of disposed Interest: Sole pharmacist owner
 Partner a pharmacists' partnership
 Shareholder and/or director of a Pharmacists' Body Corporate
 Unit holder / Beneficiary of a trust

Name of Pharmacists' Body Corporate (if applicable) _____
(If the interest in the relevant pharmacy business was held as a member in more than one Pharmacists' Body Corporate, please add details)

Signature _____ Date _____

Pharmacist 6:

Full Name _____ PHA _____

- Nature of disposed Interest: Sole pharmacist owner
 Partner a pharmacists' partnership
 Shareholder and/or director of a Pharmacists' Body Corporate
 Unit holder / Beneficiary of a trust

Name of Pharmacists' Body Corporate (if applicable) _____
(If the interest in the relevant pharmacy business was held as a member in more than one Pharmacists' Body Corporate, please add details)

Signature _____ Date _____

*If more than six partners/members of a Pharmacists' Body Corporate disposing of an interest, please attach a separate schedule.

DOCUMENTS REQUIRED

The Register of Pharmacies will be updated once the Council is satisfied that transfer of ownership or sale (settlement) of the pharmacy business, resulting in the disposal of interest, has been finalised. The Law permits the Council to require production of any document considered necessary to confirm disposal of the interest.

The Council will require the following duly executed documents to support this Notice within 14 days of selling/transferring the interest:

- Sale agreement – eg. contract for sale of business, share sale agreement, unit sale agreement

DOCUMENT CHECKLIST

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

An incomplete Notice, that is, with incomplete documentation, or unsigned documentation when signed and executed documentation is required, will not be processed.

Document description	Document Attached	Not Applicable
Updated ASIC extract	<input type="checkbox"/>	<input type="checkbox"/>
Contract of Sale/Purchase Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Extract of minutes - Pharmacists' Body Corporate meeting	<input type="checkbox"/>	<input type="checkbox"/>

DECLARATION BY REMAINING PARTNERS / PHARMACISTS' BODY CORPORATE MEMBERS/ TRUST UNIT HOLDERS / BENEFICIARIES

All remaining partners/ Pharmacists' Body Corporate members / Unit holders and/or beneficiaries with a continuing financial interest in the pharmacy must sign. The signatures below are a declaration by the 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.

Pharmacist 1: Remaining Partner Director and/or shareholder Pharmacists' Body Corporate
Trust Unit Holder / Beneficiary

Full Name _____ PHA _____

Signature _____ Date _____

Pharmacist 2: Remaining Partner Director and/or shareholder Pharmacists' Body Corporate
Trust Unit Holder / Beneficiary

Full Name _____ PHA _____

Signature _____ Date _____

Pharmacist 3: Remaining Partner Director and/or shareholder Pharmacists' Body Corporate
Trust Unit Holder / Beneficiary

Full Name _____ PHA _____

Signature _____ Date _____

Pharmacist 4: Remaining Partner Director and/or shareholder Pharmacists' Body Corporate
Trust Unit Holder / Beneficiary

Full Name _____ PHA _____

Signature _____ Date _____

Pharmacist 5: Remaining Partner Director and/or shareholder Pharmacists' Body Corporate
Trust Unit Holder / Beneficiary

Full Name _____ PHA _____

Signature _____ Date _____

Pharmacist 6: Remaining Partner Director and/or shareholder Pharmacists' Body Corporate
Trust Unit Holder / Beneficiary

Full Name _____ PHA _____

Signature _____ Date _____