Queensland Government

Queensland Health

Change of Ownership Notification Form

Pharmacy Business Ownership Act 2001 (Qld)

FORM 2

Change in pharmacy business details

Important Information

The legislation relating to pharmacy ownership is found in the *Pharmacy Business Ownership Act 2001* (Qld) (**the Act**). Queensland Health requires documentary evidence that the proposed or actual ownership complies with the requirements of the Act. Each Relevant Person should familiarise themselves with the Act prior to completing this Notification Form (**Form**) or obtain independent legal advice in relation to their obligations under the Act.

Definitions

Relevant Person means for a change of ownership of a pharmacy business:

a) a person who starts to own the business; and
b) a person who ceases to own the business,

as defined under Section 141A (2) of the Act.

A person includes a corporation as defined in Schedule 1 of the *Acts Interpretation Act 1954* (Qld).

Relative means the spouse of a pharmacist or a child of the pharmacist (who is at least 18 years of age)

Legislation

The full copy of the legislation can be viewed at: https://www.legislation.qld.gov.au/LEGISLTN/CURRENT/P/PharmRegA01.pdf

Use of this Form

This Form is to be used to notify Queensland Health when change in pharmacy business details occurs.

Timeframes

The Act requires that a Relevant Person notify Queensland Health about a change in ownership of or interest in a pharmacy business or of a change in pharmacy business particulars no later than 21 days after the change. Failure to do so may result in the imposition of a penalty.

For **other types of change in ownership** or **change in pharmacy business details**, please use the applicable form which you can find at: https://www.health.qld.gov.au/pharmacyownership

Completing this Form

- **Please complete this Form electronically, and then print.**

If you are unable to complete this Form electronically **please use BLACK or BLUE pen**

- Print in BLOCK LETTERS
- Mark boxes like this ☐ with a ✓or ×
- Where you see a box like this☐▸***Go to 7***, please move to that section of the Form, ignoring the numbered sections which are not applicable.

Withdrawal of notifications

If the change of ownership does not occur, you must advise the Chief Executive of Queensland Health, in writing, within 14 days of this decision.

Documentation List

This Form contains a documentation list (**List**) which may assist you in identifying and providing the supporting documentation. Please note that the List is not exhaustive, and you should familiarise yourself with your obligations under the Act and / or obtain independent legal advice in relation to your obligations under the Act.

The use of the List is a guide only.

Please note that Annexures A, B, C, E and F have been omitted and are not required to be completed on this form.

Guidelines

A guideline has been developed which may assist you in completing this Form and determining relevant supporting documentation. The guideline can be found at:

https://www.health.qld.gov.au/pharmacyownership

Returning the Form

Before returning the Form, please ensure you have checked and answered all sections of this Form correctly, including Annexures, and all appropriate supporting documents are attached. The entire Form should be provided to the Department (even if pages were not completed and / or were not applicable).

You have multiple options to submit the documentation, however ***electronic submission is preferred.***

Option 1 (preferred)

Email: PharmacyOwnership@health.qld.gov.au

Option 2 (preferred)

KiteWorks (a secure file transfer portal). Please contact 07 3708 5258 to request access to this portal

Option 3

Post to the following address:

Pharmacy Ownership
Locked Bag 21
Fortitude Valley BC QLD 4006

Please retain a copy of this Form and the supporting documentation for your records.

Warning
Under section 194 of the *Criminal Code Act 1899* (Qld), a person who makes a declaration that the person knows is false in a material particular, whether or not the person is permitted or required by law to make the declaration, before a person authorised by law to take or receive declarations, commits a misdemeanour.

Privacy notice

Queensland Health is collecting the personal information identified in this Form for the purpose of monitoring compliance with the Pharmacy Business Ownership Act 2001 (Qld). Personal information collected by Queensland Health is dealt with in accordance with the Information Privacy Act 2009 (Qld), the Hospital and Health Boards Act 2011 (Qld) and the Pharmacy Business Ownership Act 2001 (Qld). Personal information will be securely stored and only accessed by authorised persons. Personal information will not otherwise be disclosed to any other third parties without consent, unless the disclosure is authorised or required by or under law. For information about how Queensland Health protects personal information, or to learn about your right to access your own personal information, please see our website at www.health.qld.gov.au.

1 Pharmacy business details

Pharmacy Business details **immediately prior** to the change indicated in this Form.

Registered business name

PBS approval number

Private/Non-PBS ☐

Pharmacy phone number

Fax

Address

Pharmacy email address

* If a business is to be carried on under a business name, Queensland Health understands this name must be registered (see the Australian Securities & Investment Commission's Regulatory Guide 235 'Registering your business name').

Documentation required
Please provide a **current business name holder (company, trust or individual) extract)**

Important
If multiple Notification Forms are being provided in relation to a change, please note that only a single copy of the business name holder extract is required.

2 Representative's contact details

☐ Please direct all correspondence relating to this Form to the person or organisation noted below.

Leave section blank if not applicable

Name

Solicitor / Law Firm / Organisation Name (if applicable)

Contact phone number

Email

Mailing Address

Relationship to relevant person/pharmacist

3 Date of change

Please indicate the date the proposed or actual effective date of the change in pharmacy business details.

Proposed/actual effective date of change:

Important – withdrawal of notifications
If the proposed change in pharmacy business details does not occur, you must advise the Chief Executive of Queensland Health, in writing, within 14 days of this decision.

4 Declaration

By signing this form, the below signatories notify Queensland Health of the closure of the pharmacy business noted in section 1, on the date noted in section 3. Furthermore, the signatories declare the information included in this Form and Annexures is true to the best of their knowledge and is in no way false, inaccurate or misleading, and relevant information has not been omitted.

Name

AHPRA registration number (if applicable):

Mailing Address

Email

Contact phone number

Signature

Date

Name

AHPRA registration number (if applicable):

Mailing Address

Email

Contact phone number

Signature

Date

Name

AHPRA registration number (if applicable):

Mailing Address

Email

Contact phone number

Signature

Date

Name

AHPRA registration number (if applicable):

Mailing Address

Email

Contact phone number

Signature

Date

Name

AHPRA registration number (if applicable):

Mailing Address

Email

Contact phone number

Signature

Date

Annexure D

Business Particulars

* The completion of this section is **mandatory.** Please provide the update details of the pharmacy business below. Note, you need not provide details that are not changing and otherwise provided in section

New Pharmacy Name

New Approval Number

	Private/Non- PBS ☐

New Pharmacy Phone Number

New Fax

New/Proposed Address

New Pharmacy Email Address

Change in size/floor area of pharmacy

Current/existing floor area	New/proposed floor area	No Change
m^2	m^2	☐

☐ I confirm:

- the business particulars noted above are accurate and are currently in effect or will be effective on the 'proposed/actual effective date of change' noted on page two of this Form.

Required Documentation

Please provide copies of the following documents:

- current business name holder (organisation or person) extract (if change in trade name).

Important
If multiple Notification Forms are being provided in relation to a change, please note that only a single copy of the same document(s) requested above are required.