Pharmacy Change of Ownership Notification Form

IMPORTANT INFORMATION:

The legislation relating to Pharmacy Ownership is found in the Pharmacy Business Ownership Act 2001. The Department of Health requires documentary evidence that the proposed ownership complies with the requirements of this legislation.

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

This form contains **nine sections** which must be fully completed. If a section is not applicable, put a single line through the section and write “N/A”.

1. To enable processing and advice to Medicare Australia, forms should be received by the Queensland Department of Health at least six weeks prior to an upcoming change in ownership.

   It should also be noted that the legislation requires notification about change in ownership or the change in particulars about a pharmacy ownership no later than 21 days after such changes. Failure to do so might result in a penalty.

2. The Queensland Department of Health will advise Medicare Australia of the new ownership profile if the proposed change complies with the ownership provisions of the Act.

3. This form is to be witnessed by a Justice of the Peace or a Commissioner for Declarations.

4. Each relevant pharmacist (a person who starts to own the business or a person who ceases to own the business) involved in the pharmacy business, or where particulars of the ownership have changed, then the owner, is to complete and return a separate form (including those whose profile is not changing).

5. If this proposed change in ownership does not occur, you are to advise the Queensland Department of Health in writing, within 14 days to ensure that your correct ownership information is held.

6. Please direct all enquiries relating to pharmacy ownership to email: PharmacyOwnership@health.qld.gov.au.
Details of the Pharmacy which is subject to the proposed change

Pharmacy Name (current): ___________________________________________________

Pharmacy Approval Number: ________________________Tick if pharmacy is □ PBS or □ Non-PBS

Pharmacy Address (current): __________________________________________________

Pharmacy Phone number ____________________________________________________

If the above Pharmacy (or approval number) is being moved and/or renamed, please provide the details below. The address must correspond with details lodged with Medicare Australia.

Pharmacy Name (new): _____________________________________________________

Pharmacy Address (new): _____________________________________________________

Pharmacy Phone number _____________________________________________________

Date of proposed change (if approved) _________________________________________

Section 2

Your full Name: ____________________________________________________________

Your mailing address: ________________________________________________________

Your contact phone number : _________________________________________________

Registration Number*: _____________________________________________________

*Can be accessed on the Pharmacy Board of Australia website, http://www.pharmacyboard.gov.au

Section 3

This change is occurring as (please tick the relevant box below):

(a) I am selling my current pharmacist % to a pharmacist
(b) I am selling my current pharmacist% to a company
(c) I am selling my current company % to a pharmacist
(d) I am selling my current company % to a company
(e) I am buying a % as a pharmacist
(f) I am buying a % as a company
(g) I am amending my current % from myself to a company in which I hold a share
(h) I am closing an existing pharmacy
(i) I am opening a new pharmacy
(j) I am relocating the address of the pharmacy
(k) I am not changing my ownership profile however a partner is;
(l) I am relocating an approval number.
(m) I am undertaking a combination of _______ and ______ above.
(n) I am increasing/decreasing the size of the pharmacy area
(o) Other
Details of % change in a pharmacy
(a) □ increasing ownership % from ..........% to ............% 
(b) □ decreasing ownership % from ..........% to ............% 
(c) □ ownership % staying the same ..........% 

Both parts below must be completed.

(a) All current owners: _______________________________________________________

(Company names where applicable)

(b) All proposed owners: _______________________________________________________

(Company names where applicable)

(If this change affects a “large” partnership, e.g. limited partnership, please attach a copy of the complete pharmacy ownership profile to this form.)

Section 6

If you ticked f, g or i (and i includes a company) in Section 4 you will be required to provide certified copies of the following documentation with this application:

1. Certificate of Incorporation
2. a current ASIC historical extract detailing all shareholders [together with the size of their shareholdings (percentages owned)] and directors of the company
3. the corporation’s current Constitution detailing the voting rights of all shareholders so that the Board can be satisfied only registrants have voting rights.

PLEASE NOTE: If the Corporation’s Constitution does not clearly detail the voting rights of all shareholders, you must provide a letter from your solicitor, accountant etc outlining the voting rights of all shareholders. If your submitted documentation does not clearly detail the voting rights of all shareholders, your application will be delayed.
If the new ownership structure includes relatives (as defined by the Pharmacy Business Ownership Act 2001), you must also provide the following documentation with this application:

1. a certified copy of your marriage certificate
2. a statutory declaration stating that you are still married to the person named on the marriage certificate (if in a de facto relationship, please read below for statutory declaration requirements**)
3. the birth certificate/s of children (if children are shareholders/directors) Please note: children must be at least 18 years of age. If a child shareholder/director has a different name than stated on their birth certificate (e.g: married daughter) a statement advising that the person named on the birth certificate and the ASIC historical extract are the same.

Please note:
1. If in a de facto relationship, section 32DA of the Acts Interpretation Act 1954 (Qld) defines such as a relationship between two persons who are living together as - a couple on a genuine domestic basis, but who are not married to each other or related by family.
2. The term relative is defined in the Pharmacy Business Ownership Act 2001 as: relative, of a pharmacist, means— (a) the pharmacist’s spouse or (b) a child of the pharmacist who is at least 18 years of age.

In deciding whether two persons are living together as a couple on a genuine domestic basis, any of the following circumstances may be taken into account:
1. the nature and extent of their common residence
2. the length of their relationship
3. whether or not a sexual relationship exists or ever existed
4. the degree of financial dependence or interdependence and any arrangement for financial support
5. their ownership, use and acquisition of property
6. their degree of mutual commitment to a shared life, including the care and support of each other
7. the care and support of children
8. the performance of household tasks and
9. the reputation and public aspects of their relationship.

**Accordingly, if a relative is a de facto, a separate statutory declaration from both registrant and de facto stating that their relationship meets the above criteria is required.
Please use a separate page for each company.

If purchasing a pharmacy as a company you **must** provide us with the following information:

Please detail all shareholders and directors and the current percentage they own in the **company**.

<table>
<thead>
<tr>
<th>Name of Director/Shareholder</th>
<th>Pharmacists Registration No. (if applicable)</th>
<th>Relationship to Pharmacist (i.e. wife, husband, sibling etc.)</th>
<th>Percentage of company owned.</th>
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From the date of the proposed change, my ownership in Queensland Pharmacies will be as follows: **NB. If you will no longer hold an ownership interest in a Queensland Pharmacy write “NIL”**.
Section 9  Ownership Details

<table>
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<tr>
<th>Pharmacy Name</th>
<th>Pharmacy Address</th>
<th>Full Ownership Profile</th>
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<tr>
<td>Please write the correct and full Pharmacy name. This must be the same as provided to Medicare Australia.</td>
<td>Please write the correct and full address of the Pharmacy including postcode. This must be the same as provided to Medicare Australia.</td>
<td>Include owners’ names (registrant name or corporation name) and relevant percentages owned. Percentages must total 100%</td>
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*If available

Name of Pharmacist: ..........................................................;  
Signature of Pharmacist: ..........................................................  Date: .......................................................... 

Name of JP/Comm.Dec.: ..........................................................  
Signature of JP/Comm.Dec. ..........................................................  Date: ..........................................................
COMPLETION CHECKLIST

Have you completed the form correctly?

_ - Completed all sections (or ruled them ‘not applicable’)

_ - If you ticked f, g or i (and i includes a company) in Section 4 have you provided **certified copies** of the following documentation with this application:

  _ - Certificate of Incorporation
  _ - a **current** ASIC historical extract detailing all shareholders [together with the size of their shareholdings (percentages owned)] and directors of the company
  _ - the corporation’s current Constitution detailing the voting rights of all shareholders so that the Board can be satisfied only registrants have voting rights.

_ - If the company structure above includes any relatives or family members, have you provided

  _ - copies of birth certificates
  _ - copies of marriage certificates

_ - Yes, I have included all the required documentation

INCOMPLETE OR INCORRECT NOTIFICATIONS
WILL NOT BE PROCESSED
AND
WILL BE RETURNED

Please forward the completed form and accompanying documentation to:

Medicines Regulation and Quality
Chief Health Officer Branch
Locked Bag 21
FORTITUDE VALLEY BC QLD 4006

Tel: 07 3708 5258