

Change of Ownership Notification Form

Pharmacy Business Ownership Act 2001 (Qld)

**FORM
1d**

Change of interest in and ownership of a pharmacy business (opening of a new pharmacy business)

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 a Relevant Person acquires an interest in a pharmacy business

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 Annexure D & Annexure E have been omitted and are not required to be completed for 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>

Annexures

Please note that Annexure D & Annexure E are intentionally omitted in this Form.

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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

Please be aware of your obligations in accordance with the provisions of the *Oaths Act 1867 (QLD)* to conscientiously believing that you are providing true and accurate information.

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 of the new pharmacy business.

Registered business name

PBS approval number

<input type="text"/>	Private/Non-PBS <input type="checkbox"/>
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Pharmacy phone number

Fax

Address

Pharmacy email address

New/proposed floor area (m2)



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.

Change of interest in and ownership of a pharmacy business (opening of a new pharmacy business)

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 Relevant person/pharmacist details

Miss ☐ Mrs ☐ Ms ☐ Mr ☐

Other

Name

Date of Birth

Residential Address (not a PO Box)

Mailing Address (if different to residential address)

Email

Contact phone number

☐ I **am** a registered pharmacist (please provide your AHPRA Registration Number below).

AHPRA registration number:

PHA

☐ I **am not** a registered pharmacist; however, I am a relative of a pharmacist who owns, or is proposing to own, this pharmacy business.

If you are a relative, please complete Annexure F (Relationship Information)

☐ I confirm that I have the consent of other relevant individuals identified within this Form and / or relevant annexures, to disclose their personal information to the Chief Executive of Queensland Health.

Documentation required

Please provide suitable proof of identity documentation. A list of acceptable documentation can be found in Section 8 (Documentation List).

Change of interest in and ownership of a pharmacy business (opening of a new pharmacy business)

4 Date of change

Please indicate the proposed or actual opening date of the new pharmacy business change of ownership

Proposed/actual effective date of opening

Important – withdrawal of notifications

If the proposed new pharmacy business is delayed or does not occur, you must advise the Chief Executive of Queensland Health, in writing, within 14 days of this decision.

5 Opening a NEW pharmacy business

Please indicate the capacity in which your ownership or beneficial interest will be held in the NEW pharmacy business (please familiarise yourself with all options first, as more than one selection may be required).

5.1 Sole trader

- ☐ An individual (NOT involving a trust)
Example: **Mr James Smith**

Please provide the ABN for the sole trader:

ABN:

Instructions:

1. Continue to Section 6.

5.2 Trustee

As trustee of a trust

Example: **Mr James Smith as Trustee for the Smith Trust** or **Smith Pharmacy Pty Ltd as Trustee for the Smith Pharmacy Trust**

☐

Please indicate the type of trustee:

- ☐ Individual (a natural person)
- ☐ Body corporate (a company)

Instructions:

1. Read and fill in **Annexure B – Trust Details**.
2. If a corporate trustee, please read and fill in **Annexure A – Company Details** for the corporate trustee
3. Continue to Section 6.

5.3 Partnership (written agreement or no written agreement)

Partnership WHERE A **WRITTEN AGREEMENT EXISTS** involving more than one person or entity

Example: **The Smith Jones Limited Liability Partnership**

☐

Partnership WHERE **NO WRITTEN AGREEMENT EXISTS** involving more than one person or entity

Example: **Mary Johnson, James Smith, Example Pharma Pty Ltd**

☐

Instructions:

1. Read and fill in **Annexure C – Partnership Details**.
2. Continue to Section 6.

5.4 Company

Company in its own capacity (i.e not a trustee of a trust)

Example: **Example Pharma Pty Ltd**

☐

Instructions:

1. Read and fill in **Annexure A – Company Details**.
2. Continue to Section 6.

Other ownership structure of the pharmacy business

On a separate document, please detail other ownership structure of the pharmacy business.

Change of interest in and ownership of a pharmacy business (opening of a new pharmacy business)

6 Arrangements relating to the operation of the pharmacy business

Please provide the following information, and associated documents, to enable Queensland Health to assess compliance of the pharmacy business with legislation.

Important

If multiple Notification Forms are being provided in relation to a change, please note that only a single copy of the documents requested below is required.

Do any of the following arrangements exist in relation to the pharmacy business:

(10a) Franchise agreement or licence, or such other arrangement to use a third-party trade mark, banner or branding i.e. trading under a banner brand owned by a third party?

No ☐ Yes ☐

(10b) Service agreement or other contractual arrangement with any third parties for the provision of any goods or services?

No ☐ Yes ☐

(10c) Hire purchase or equipment lease agreement with any third party, for use by, and within, the pharmacy business?

No ☐ Yes ☐

(10d) Lease(s) or licence(s) in relation to the premises for the business?

No ☐ Yes ☐

(10e) Any licence(s) between the pharmacy business and any third party in relation to the operation of the pharmacy business i.e. software or system licence?

No ☐ Yes ☐

(10f) Are you employed by any third party which has an agreement of any kind (whether in writing or not) with a person or entity that owns the pharmacy business (i.e. company, trust, sole trader or partnership)?

No ☐ Yes ☐

(10g) Any security arrangement where an interest is registered on the Personal Property Securities Register (PPSR) against any plant, equipment, fixtures or stock-in-trade in the possession of, or under the control of, the pharmacy business, used for the purpose of running the pharmacy business?

No ☐ Yes ☐

(10h) Any plant, equipment and / or fixtures in the possession of, or under the control of, the pharmacy business that are subject to any finance?

No ☐ Yes ☐

(10i) Any other agreement between the pharmacy business and any other third party in relation to the operation of the pharmacy business?

No ☐ Yes ☐

Documentation required

Instructions:

If you answered 'yes', to any of the above, please provide copies of all documents relating to: agreements, leases, licences, contracts, and any other associated documentation which relates to this pharmacy business.

We also ask you to provide a copy of any PPSR searches and ASIC searches (if applicable), however these documents do not need to be certified.

7 Declaration

DECLARATION

I, _____
(name of Relevant Person)

of _____
(address)

do declare that:

1. the information included in this Form and Annexures is true to the best of my knowledge and is in no way false, inaccurate or misleading, and I have not omitted any relevant Information.
2. I acknowledge that:
 - (a) it is my responsibility to understand my obligations under *Pharmacy Business Ownership Act 2001* (Qld) and, if I am a pharmacist, the *Health Act 1973* (Qld) (**Relevant Legislation**);
 - (b) I am entitled to obtain independent legal advice in relation to those obligations;
 - (c) I will take all reasonable steps to ensure compliance with the Relevant Legislation and
 - (d) I will advise the Chief Executive of Queensland Health, in writing, within 14 days of the decision that the change is not occurring and I make this statement conscientiously believing the same to be true.

Signature of the Relevant Person: _____

(This declaration need not be witnessed)

8 Documentation List

Section 1

Current business name holder (company, trust or individual) extract

Section 3

You are required to submit **certified copies** of the following documents:

one document from Part A

or

one document from Part B

and

one document from Part C

Part A – Primary Photographic Identification Document

- A driver's licence
- A current Australian passport (or one which has expired within the last 2 years)
- A current foreign passport (or similar document) issued by a government, the UN or an agency of the UN. The document must contain a photograph and signature of the Relevant Person
- A current Proof of Age card (issued by an Australian State or Territory)
- National Identity Card issued by a government, the UN or an agency of the UN. The document must contain a photograph and signature of the Relevant Person

Part B – Primary Non-Photographic Identification Document

- A driver's licence without a photo
- An Australian Birth Certificate or Birth Extract
- A foreign birth certificate issued by a government, the UN or an agency of the UN
- A citizenship certificate
- A current Centrelink Pension card

Part C – Secondary Identification Document

- A notice that was issued to the Relevant Person by the Australian Government

Sections 5 (where applicable)

1. Annexure A (Company Details) (if applicable)
2. Annexure B (Trust Details) (if applicable)
3. Annexure C (Partnership Details) (if applicable)
4. Annexure F (Relationship Information) (if applicable)

Section 6

*Note this list is **not** an exhaustive list of the documents that may need to be provided:*

5. (10a) Franchise agreement
6. (10b) Service agreement or other contractual arrangement
7. (10c) Hire purchase or equipment lease agreement
8. (10d) Lease(s) or licence(s)
9. (10e) Lease(s) or licence(s) for the premises where the pharmacy business is located and operates / will operate
10. (10f) Any other agreement in relation to the operation of the pharmacy business
11. (10g) Employment agreement(s) or contract(s)
12. (10h) List of security interests for any plant, equipment, fixtures or stock-in-trade in the possession of, or under the control of, the pharmacy business and copies of any documentation associated with it
13. (10i) List of security interests for any plant, equipment, and / or fixtures and any documentation associated with it.
Documentation must show the name of the financier(s) and specify the conditions of the finance arrangement

Section 7

14. Declaration

Annexure A

Company Details

Company Name

Australian Company Number (ACN)

Registered Office

Directors Details

Name	Relationship to Pharmacist (if not themselves)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Shareholder Details

Name (Please note the additional documentation below if the shares are not beneficially held)	Beneficially Held? (Y/N)	Number of shares	Do shares hold voting rights? (Y/N)	Relationship to Pharmacist (if not themselves)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ I confirm:

- all directors and shareholders are either pharmacists or a combination of pharmacists and pharmacist's relatives (meaning spouse of, or a child (who is at least 18 years of age) of the pharmacist), and the majority of shares in the company are held by pharmacists; and
- only shares held by pharmacists hold voting rights.

Required Documentation

Please provide certified copies of the following documents:

- Company constitution,
- Certificate of Incorporation,
- Current company extract,
- Resolutions to change the company name, if the name on the constitution differs to that on the current company extract.

Additional Documentation

If the shares are held in trust (that is, they are **not beneficially held**) for another person, please provide a completed **Annexure B (Trust Details)** including the relevant documentation for the shareholding.

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.

If you are the director or shareholder of multiple companies subject to this change or require more space— Please provide another Annexure A .

Annexure B

Trust Details

Trust Name

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Australian Business Number (ABN)

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Type of Trust

<input type="checkbox"/> Unit	<input type="checkbox"/> Discretionary	<input type="checkbox"/> Other – Specify:
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Trustee Details

Name	Relationship to Pharmacist (if not themselves)

Beneficiary Details

Unit trust: Please provide a copy of the current register of unit holders
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Required Documentation

Please provide certified copies of the following documents:

- trust deed for the trust;
- where the trustee is a corporate trustee, please supply a separate Annexure A (Company Details) including the relevant supporting documentation;
- amendments in writing to the trust deed (if any);
- where the trust is a unit trust, in addition to providing a copy of the trust deed, provide a current unit holder register, which includes the names of all unit holders¹ and the number current units held by each.



If multiple trusts exist– Please provide a separate Annexure B for each, including certified copies of the trust deed and amendments.

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.

If multiple trusts exist or you require more space– Please provide another Annexure B.

¹ A unit holder is also deemed to own or have a beneficial interest in the business. Unit holders must also ensure they meet the notification requirements under the Act.

Annexure C

Partnership Details

Partnership Name (if applicable)

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Type of Partnership

☐ Normal Partnership ☐ Limited Liability Partnership ☐ Other – Specify:

State or Territory the partnership was formed:

Partner Details

<u>Name of partners</u>	<u>Interest held in partnership (%)</u>

Note: The Shares/Interest Held in Pharmacy Business Column (%) must equal 100%

Where the pharmacy business is owned by a partnership, please list all of the partners above (also noting if a partner's interest is held as Trustee (i.e. XYZ Corporation Pty Ltd ATF XYZ Unit Trust or John Smith ATF Smith Family Trust).

Required Documentation

Please provide certified copies of the following documents:

- Partnership agreement; and
- Each Relevant Person associated with each respective partner is required to provide a separate Annexure A (Company Details) and / or Annexure B (Trust Details) (including the relevant supporting documentation) for each corporation and / or trust through which the Relevant Person holds their interest in the pharmacy business.

If a partnership agreement is not supplied, it is presumed that the partnership is governed under the relevant legislation in the state where the partnership was formed and operates.

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.

If you require more space– Please provide another Annexure C.

Annexure F

Relationship Information



This section is only required if you are a relative of a pharmacist, meaning spouse of or child under the age of 18 of the pharmacists (as defined under the Act).

Important Information

If the current or proposed ownership structure includes relatives, the relative (who is a Relevant Person) must provide further Information.

Name of registered pharmacist to whom you relate

AHPRA Registration Number (of the pharmacist)

Relationship

Spouse ☐ - See the 'Spousal Relationship' section below Child ☐

Spousal Relationship

The *Acts Interpretation Act 1954* (Qld) states a 'spouse' includes both a de facto partner and civil partner (a partnership registered under the *Civil Partnerships Act 2011* [Qld]). Please indicate your type spousal relationship with the registered pharmacist, and provide the required documentation for each

<input type="checkbox"/> Married or Civil Partnership <ul style="list-style-type: none"> Certified copy of your marriage or civil partnership certificate (commemorative certificates will <i>not be accepted</i>) 	<input type="checkbox"/> De facto <ul style="list-style-type: none"> Completion of the 'De facto' section below 	Documentation Required 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 are required.

De facto

Further Information for de facto relationships

Section 32DA of the *Acts Interpretation Act 1954* (Qld) defines a de facto partner as a relationship between two persons who are living together as a couple on a genuine domestic basis, but who are not married or related by family. In deciding whether two persons are living together as a couple on a genuine domestic basis, any of the following circumstances may be considered:

- the nature and extent of their common residence;
- the length of their relationship;
- whether or not a sexual relationship exists or existed;
- the degree of financial dependence or interdependence and any arrangement for financial support;
- their ownership, use and acquisition of property;
- the degree of mutual commitment to a shared life, including the care and support of each other;
- the care and support of children;
- the performance of household tasks; and
- the reputation and public aspects of their relationship.

Spousal Relationship Currency

I am still married, in a civil partnership or in a de facto relationship (which meets the above criteria) with the registered pharmacist

No ☐

Yes ☐

Signature of relative (spouse/child)

Date

Signature of registered pharmacist

Date