

# Change of Ownership Notification Form

*Pharmacy Business Ownership Act 2001 (Qld)*

**FORM  
1e**

## Change of interest in and ownership of a pharmacy business (closure of a 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 Annexures are intentionally omitted in 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>

### Note:

This Form caters for a **maximum of three (3) notifiers**. Further notifiers are required to submit a separate Form.

**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](mailto: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](http://www.health.qld.gov.au).

**1 Pharmacy business details**

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

Registered business name

PBS approval number

<input type="text"/>	Private/Non-PBS <input type="checkbox"/>
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Address

**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 closure

Please indicate the date the pharmacy business closed.

Closure date:

### 4 Pharmacy Business Ownership Interests

Each Relevant Person notifying Queensland Health on this Form must each complete an Annexure E (Queensland Pharmacy Ownership Declaration) to declare all Queensland pharmacies in which they own or have a beneficial interest.

**Action: Complete Annexure E (Queensland Pharmacy Ownership Declaration)**

### 5 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