ABC

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TASMANIAN PHARMACY AUTHORITY

Email: registrar@pharmacyauthority.tas.gov.au

Telephone: 0417 752 348 ABN 34 562 572 269

Application for Approval and Issue of an Eligibility Certificate for a Body Corporate

Pursuant to section 61B of the Pharmacy Control Act 2001

This application must include the following documentation:

- A copy of the Body Corporate's Constitution or other Governing documentation
- A diagram showing the Company Structure including Secretary, Directors and Shareholders

You may also need to submit:

- Form AAT Application for Approval of a Trust, If the body corporate owns the pharmacy business in its capacity as the trustee of a trust (whether a discretionary trust or a unit trust), OR if any shares in the body corporate are held in trust, Form AAT must be submitted for each trust involved.
- Form CO Application for Approval of Change of Ownership,

FEES: The Tasmanian Pharmacy Authority will invoice you for the appropriate application fee, as fees vary depending on the number of trusts and body corporates involved.

BODY CORPORATE DETAILS

Name of Body Corporate:				
ACN:	Date of incorporation:	/	/20	
Postal Address:				
APPLICANT DETAILS Name:				
Telephone Number:				
Applicant's Email:				

PERSONAL INFORMATION PROTECTION STATEMENT

Personal information will be collected from you by the Tasmanian Pharmacy Authority for the purpose of administering the ownership and registration of Tasmanian pharmacy business premises. Your personal information will be used for the primary purpose for which it is collected and may be disclosed to contractors and agents of the Tasmanian Pharmacy Authority, law enforcement agencies, Medicare Australia, the Australian Health Practitioner Regulation Agency, the Pharmaceutical Services Branch of the Department of Health and Human Services, courts and other organisations authorised to collect it. Your personal information will be managed in accordance with the *Personal Information Protection Act 2004*. You may access your personal information on written request to the Tasmanian Pharmacy Authority. You may be charged a fee for this service.

For progressing this application and future notices email

SUMMARY OF COMPANY STRUCTURE (Please list ALL directors and shareholders)

Full name of all shareholders and directors If a new shareholder is a trust, please list the Trustee and Trust name, and if that Trust has not already been approved by the Authority, please submit form AAT for EACH NEW Trust		Director ID (if a director)	Ahpra number or details of relationship to pharmacist	Shareholding and Director Details			
				Director* Yes/No	Share type	Controlling shareholdings	
						Number of Shares	%
Example							
A Brown	1/1/xx		PHA000123	Yes	Ord	30	60
B Green	31/1/xx		Spouse of A Brown	No	Ord	10	20
C Blue as Trustee for Blue's Trust	2/2/xx		PHA000678	Yes	Ord	10	20
D White	3/4/xx		PHA000354	No	Ord	0	0
					TOTAL	50	100
*Directors must be pharmacists holding general registration. * The majority of shares must be held by pharmacist/s.					TOTAL		100%

DECLARATION:

This must be signed by either two (2) Directors or one (1) Director and the Company Secretary

DECLARATION ONE I,	
(full name)	
of	
(address)	
in my capacity as	
(Indicate your status in this body corporate. ie: Direc	ctor or Company Secretary)
Declare that:	
	e a complete and true summary of this body corporate in , information and belief at the time of signing this
(b) all entities listed as shareholders are eit meaning of section 61A(3) of the <i>Pharmacy</i>	her registered pharmacists or related parties within the Control Act 2001; and
(c) none of the shareholders has an interes	t in more than four pharmacy businesses in Tasmania.
	//20 (Date)
(Signature)	(Date)
DECLARATION TWO	
(full name)	
of	
(address)	
in my capacity as	
(Indicate your status in this body corporate. ie: Dire	ctor or Company Secretary)
Declare that:	
	e a complete and true summary of this body corporate in , information and belief at the time of signing this
(b) all entities listed as shareholders are eit meaning of section 61A(3) of the <i>Pharmac</i> y	ther registered pharmacists or related parties within the control Act 2001; and
(c) none of the shareholders has an interes	t in more than four pharmacy businesses in Tasmania.
	//20
(Signature)	(Date)
FAISE	DECLARATION

A person found guilty of making a false or misleading statement is guilty of an offence and is liable to a penalty of up to 100 penalty units (Pharmacy Control Act 2001 s68)