

ABC Version May 2024.1	TASMANIAN PHARMACY AUTHORITY Email: registrar@pharmacyauthority.tas.gov.au Telephone: 0417 752 348 ABN 34 562 572 269
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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: _____

For progressing this application and future notices 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.

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

Full name of all existing and proposed 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	Date of Birth or Date of Trust Deed	Director ID (if a director)	Ahpra number or details of relationship to pharmacist	Shareholding and Director Details OLD=existing structure NEW=proposed structure			
				Director* Yes/No	Share type	Controlling shareholdings	
						Number of Shares	%
Example for WHITE selling all shares to BROWN							
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: Director or Company Secretary)

Declare that:

- (a) the particulars provided in this form are a complete and true summary of this body corporate in every respect to the best of my knowledge, information and belief at the time of signing this application; and
- (b) all entities listed as shareholders are either registered pharmacists or related parties within the meaning of section 61A(3) of the *Pharmacy Control Act 2001*; and
- (c) none of the shareholders has an interest in more than four pharmacy businesses in Tasmania.

_____/_____/20_____
(Signature) (Date)

DECLARATION TWO

I, _____

(full name)

of _____

(address)

in my capacity as _____

(Indicate your status in this body corporate. ie: Director or Company Secretary)

Declare that:

- (a) the particulars provided in this form are a complete and true summary of this body corporate in every respect to the best of my knowledge, information and belief at the time of signing this application; and
- (b) all entities listed as shareholders are either registered pharmacists or related parties within the meaning of section 61A(3) of the *Pharmacy Control Act 2001*; and
- (c) none of the shareholders has an interest in more than four pharmacy businesses in Tasmania.

_____/_____/20_____
(Signature) (Date)

FALSE 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*)