



Change of ownership profile in a Queensland Pharmacy

Important Information:

The legislation relating to Pharmacy Ownership is found in the *Pharmacists Registration Act 2001* Part 4 Division 6A. The Board requires documentary evidence that the proposed ownership complies with the requirements of this legislation.

Incomplete forms will not be processed and will be returned.

1. **This form contains 9 sections over 6 pages (including this page) which must be fully completed.** If a section is not applicable, put a single line through the section and write "N/A".
2. Forms **must** be received by the Pharmacists Board **at least four (4) weeks prior** to an upcoming change in ownership to allow sufficient time for processing and advice to be provided to Medicare Australia.
3. Medicare Australia **WILL NOT** provide you with an Approval Number for the proposed change until it has received confirmation from the Pharmacists Board that the proposed change will not breach the ownership provisions of the *Pharmacists Registration Act 2001*.
4. This form must be witnessed by a Justice of the Peace, Commissioner for Declarations or a registered pharmacist in your State or Territory of domicile who is not involved in this change.
5. Each registrant owner (registrant company director/shareholder) involved in the pharmacy **MUST** complete and return a separate form (including those whose profile is not changing).
6. Please forward this completed form (and accompanying documentation if required) to:

Pharmacists Board of Queensland
GPO Box 2438
BRISBANE QLD 4001
7. If this proposed change in ownership does not occur, you **MUST** advise the Board, in writing, within 14 days to ensure that your correct ownership information is held.
8. Please direct all enquiries relating to Pharmacy Ownership to 3247 4866.

Section 1**Details of the Pharmacy which is subject to the proposed change**

Pharmacy Name (current): _____

Pharmacy Approval Number: _____

Pharmacy Address (current): _____
_____**If the above Pharmacy (or approval number) is being moved and/or renamed, please provide the details below**

Pharmacy Name (new): _____

Pharmacy Address (new): _____
_____**Section 2**

Date of proposed change (if approved) _____

Section 3

Your full Name: _____

Your mailing address: _____

Registration Number*: _____

*Can be accessed on the Board's website, www.pharmacyboard.qld.gov.au by clicking on the "Check Registration"**Section 4****This change is occurring as (please tick the relevant box below):**

- (a) I am selling my **current registrant %** to a registrant;
- (b) I am selling my **current registrant %** to a company;
- (c) I am selling my **current company %** to a registrant;
- (d) I am selling my **current company %** to a company;
- (e) I am buying a % as a registrant;
- (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 a 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.

If this change involves a company please ensure you read the requirements of Section 7.

Section 5

Details of % change in a pharmacy

- (a) increasing ownership % from% to%;
- (b) decreasing ownership % from% to%.
- (c) ownership % staying the same%

Section 6

Both parts below must be completed.

(a) All current owners:

(b) All proposed owners:

(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 7

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; and
2. a **current** ASIC historical extract detailing all shareholders [together with the size of their shareholdings (percentages owned)] and directors of the company; and
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 *Pharmacists Registration Act 2001*), you **MUST** also provide the following documentation with this application:

1. a **certified copy** of your marriage certificate; **and**
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**); **and**
3. the birth certificate/s of children (if children are shareholders/directors) **Please note: children must be over the age of 18**. 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 *Pharmacists Registration Act 2001* as “a spouse or child over the age of 18”.

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.

Section 8 – Company Details

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**.

Name of Director/Shareholder	Pharmacists Registration No. <i>(if applicable)</i>	Relationship to Pharmacy Registrant. <i>(i.e. wife, husband, sibling etc.)</i>	Percentage of <u>company</u> owned.
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			

Section 9 – Ownership Details

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”.

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

*If available

Signature of Pharmacist:..... Date:

Signature of Witness: Date:

Witness Occupation: