



## Declaration of Pharmacy Ownerships

Do you have financial interest (either part or limited) in any Queensland pharmacy?

**YES** - complete all required details below, sign and return with your application. If insufficient space, attach a separate piece of paper.

**NO** - write NIL in the boxes in the column headed "Pharmacy name" below, sign and return with your application.

Pharmacy name <small>Please write the correct and full pharmacy name. This must be the same as provided to Medicare Australia.</small>	Pharmacy address <small>Please write the correct and full address of the pharmacy including postcode. This must be the same as provided to Medicare Australia.</small>	Full ownership profile <small>Include owners' names (registrant name or corporation name) and relevant percentages owned. Percentages must total 100%</small>
1.  Approval number:		
2.  Approval number:		
3.  Approval number:		
4.  Approval number:		
5.  Approval number:		

Signature of pharmacist:.....Date: .....

Full name of pharmacist .....