



ABC VERSION 2013.1

ELIGIBILITY CERTIFICATE No	<b>P</b>				
INVOICE No					

# TASMANIAN PHARMACY AUTHORITY

Margie Cole  
Registrar

PO Box 1082 Sandy Bay 7005  
Email: registrar@pharmacyauthority.tas.gov.au  
Telephone: 0417 752 348

**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 (electronic versions preferred):

1. a copy of the body corporate’s constitution or other governing documents;
2. 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 Application for Approval of a Trust” must be submitted for each trust involved.
3. **Form CO** – Application for Approval of Change of Ownership of Pharmacy (if applicable).

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

Please contact the Registrar if you have any queries.

**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*

**Future Notices Email:** \_\_\_\_\_  
*Email to use for annual renewal notices, invoices and related matters.*

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

Full Name of ALL shareholders and directors If the 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 - Application for Approval of a Trust" for EACH Trust	Date of Birth Or Date of Trust Deed	AHPRA No. OR details of relationship to pharmacist.	Shareholding and Director details			
			Director* YES/NO	Share type??	Controlling Shareholdings	
					Number of shares	%
<i>Examples</i>						
<i>David Bloggs</i>	<i>01/01/19xx</i>	<i>PHA 0099999999</i>	<i>YES</i>	<i>ORD</i>	<i>20</i>	<i>40</i>
<i>Mary Fary</i>	<i>31/1/19xx</i>	<i>Spouse of D Bloggs</i>	<i>NO</i>	<i>ORD</i>	<i>10</i>	<i>20</i>
<i>Alan Allans As Trustee For Al's Trust</i>	<i>2/2/19xx</i>	<i>PHA 0888888888</i>	<i>YES</i>	<i>ORD</i>	<i>20</i>	<i>40</i>
<b>*Directors must be registered pharmacists</b>				<b>TOTAL</b>		<b>100%</b>

## 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*; and
- (c) none of the shareholders has an interest in more than four pharmacy business 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*; and
- (c) none of the shareholders has an interest in more than four pharmacy business in Tasmania.

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
(Signature) (Date)

#### 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 request to the Tasmanian Pharmacy Authority. You may be charged a fee for this service.