



AAT VERSION 2013.1

ELIGIBILITY CERTIFICATE No

P				
INVOICE No				

INVOICE No

TASMANIAN PHARMACY AUTHORITY

ABN 34 562 572 269

Margie Cole
Registrar

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

APPLICATION FOR APPROVAL OF A TRUST
Pursuant to Section 61B of the Pharmacy Control Act 2001

Where an individual or a body corporate proposes to hold an interest in a pharmacy business **as trustee for** a discretionary or unit trust, an Application for Approval of Trust must be submitted to the Authority for assessment. When the Trustee is an individual, this form also meets the requirements of that trustee having applied for an Eligibility Certificate. If the trustee is a body corporate, "Form ABC, Application for Approval and Issue of an Eligibility Certificate for a Body Corporate" is required, which will both confirm compliance of the body corporate for the Pharmacy Control Act, and will enable the body corporate's Eligibility Certificate to be issued.

If ownership of a pharmacy is to change to include this Trust, please also lodge **Form CO – Application for Approval of Change of Ownership of Pharmacy**

Please note that any changes to this Trust or its Unit Holders must be advised to the Authority within 21 days of those changes.

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

TRUST DETAILS

Name of Trust: _____

Full Name of Trustee (include full business name if applicable): _____

NB: If the trustee is a body corporate, you must also complete "Form ABC - Application for Approval and issue of an Eligibility Certificate for a Body Corporate".

Date of Trust Deed: _____ / _____ / 20_____

CONTACT DETAILS FOR THIS APPLICATION

Name: _____

Postal Address: _____

Phone: _____

Email: _____

For progressing this application

Future Notices Email: _____

Email to use for future annual renewal notices, invoices and related matters.

TRUST DETAILS

Full Name of ALL individual trustees, unit holders, beneficiaries or body corporate* <small>*If the trustee is a body corporate please also complete "Form ABC Application for Approval and Issue of an Eligibility Certificate for a Body Corporate."</small>	Date of Birth OR ACN for body corporate	AHPRA No OR details of relationship to pharmacist	Trustee* YES/NO	Beneficiary/ Unit Holder YES/NO	UNIT HOLDING DETAILS (If applicable)	
					Number of unit holdings	%
<small>*The trustee must be either a registered pharmacist or a body corporate. The trustee must either hold, or have applied for, an Eligibility Certificate.</small>				TOTAL		100%

DECLARATION BY TRUSTEE (**where the trustee is an individual**)

(See next page for declaration for a body corporate trustee)

I, _____ <i>(full name)</i>
of _____ <i>(address)</i>
Declare that:
(a) the particulars provided in this form are a complete and true summary of this Trust 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 beneficiaries are either registered pharmacists or related parties within the meaning of section 61A(3) of the <i>Pharmacy Control Act</i> ; and
(c) neither I nor any of the beneficiaries or unit holders have an interest in more than four pharmacy business in Tasmania; and
(d) I hold general registration under the Health Practitioner Regulation National Law (Tasmania) in the Pharmacy profession
_____ / _____ /20_____ <i>(Signature)</i> <i>(Date)</i>

