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| **GENERAL INFORMATION** |
| * This form is for applicants to notify the Pharmacy Premises Committee (the Committee) of a change of name, franchise and / or service agreement for a **pharmacy business** in the Northern Territory. * If any change includes a change of ownership you must complete **NF1 Change of Ownership of a Pharmacy Business** and **not** this form. * All sections of the form including the attached Statutory Declaration must be completed and all supporting documentation must be attached. * Incomplete applications will not be considered. * Completed forms must be submitted to the Committee Registrar either by email or post: * Post Registrar Pharmacy Premises Committee   PO Box 40596  Casuarina NT 0811   * Email [ppcregistrar@nt.gov.au](mailto:ppcregistrar@nt.gov.au)   Note:   * The Committee will require at least 28 days to consider a complete application. * Commercially sensitive monetary values may be redacted. |

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| **CURRENT PHARMACY DETAILS:** | |
| **Pharmacy Business Name:** | |
| **Pharmacy Address:** | |
| **Mailing Address:** *(if different to pharmacy address)* | |
| **Phone:** | **Email:** |

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| **NOMINATED CONTACT PERSON:** *(Primary contact)* | | |
| **Name, address and phone** | **AHPRA Registration**  **(If applicable)** | **Email** |
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| * *If the nominated contact person is not one of the pharmacy owner(s), written evidence must be attached of the person’s authority to act.* | | |

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| **PROPOSED DATE OF CHANGE:** | |
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| **INDICATE THE REASON(S) FOR NOTIFICATION:** | |
| Change of name  **New pharmacy name:** | 🞎 |
| Change of franchise agreement | 🞎 |
| Change of service agreement | 🞎 |
| * Attach a copy of all agreement(s) and / or detailed ASIC record. * Deed of suspensions if changing from one franchise / service agreement to another. | |

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| Does the new agreement(s) permit any non-registered pharmacist to: | | |
| 1. | Control the manner in which the pharmacy business operates: | YES NO |
| 2. | Access to records, accounts, or other financial details, other than for the purposes of book-keeping or accountancy. | YES NO |
| 3. | Receive any consideration related to profits or takings: | YES NO |
| 4. | Right to vary any consideration related to profits or takings: | YES NO |
| Note: The agreement must not give the individual company the right to do any of the above unless the individual or all shareholders and directors of the company are registered pharmacists.  If yes to any of the above, the application cannot be approved. | | |

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| **PROVIDE DETAILS OF ANY PECUNIARY INTEREST** | |
| Will any other person/registered company or other entity (including shareholders and directors), who are not registered pharmacists have any pecuniary interest? | YES NO |
| * If yes provide details of the interest and the nature of the relationship | |

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| **DETAILS OF OWNER(S) / DIRECTORS** | | |
| **Name, address and phone** | **AHPRA Registration** | **Email** |
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| * Attach a separate list if more than six (6) owners. | | |

To be completed by legal representative

Commonwealth of Australia

STATUTORY DECLARATION

*Statutory Declarations Act 1959*

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| *1 Insert the name, address and occupation of person making the declaration* | I,1  make the following declaration under the *Statutory Declarations Act 1959:* |
| *2 Set out matter declared to in numbered paragraphs* | 2  I solemnly and sincerely declare that the information provided in this document is true and correct and all attached supporting documentation complies with the ownership requirements of Schedule 7, *Health Practitioners Act 2004* (the Act) including: (*delete if not applicable*):   1. The new business name complies with the Act. 2. The new Service agreement complies with ownership requirements of the Act. 3. The new Franchise agreement complies with ownership requirements of the Act.     I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*,and I believe that the statements in this declaration are true in every particular. |
| *3 Signature of person making the declaration* | 3 |
| *4 Place*  *5 Day*  *6 Month* *and year* | Declared at 4 on 5 of 6  Before me, |
| *7 Signature of person before whom the declaration is made (see over)* | 7 |
| *8 Full name, qualification and address of person before whom the declaration is made (in printed letters)* | 8 |

*Note 1*   A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the *Statutory Declarations Act 1959*.

*Note 2*   Chapter 2 of the *Criminal Code* applies to all offences against the *Statutory Declarations Act 1959* — see section 5A of the *Statutory Declarations Act 1959*.