



FORMS 1A/2/5
Pharmacy Business Ownership Act 2024
Annexure

Beneficiary details

This annexure must be completed by:

- each beneficiary of a trust where the trustee is an owner of the pharmacy business,
AND
- each beneficiary of a trust where the trustee is a shareholder of an owner corporation.

Privacy collection notice – please read carefully.

In addition to the Queensland Pharmacy Business Ownership Council (Council)'s obligations in respect of confidential information under the *Pharmacy Business Ownership Act 2024* (Qld) (PBO Act), the Council is also subject to the *Information Privacy Act 2009* (Qld) (IP Act) in how the Council collects, uses, discloses, stores, manages and deals with personal information. The requirements of the IP Act are reflected across all aspects of the Council's personal information processes and procedures.

The personal information provided in, and with, this form is collected by the Council under the PBO Act. The Council will use this information for the purposes of administering the PBO Act, including to assess your application or notification under the PBO Act and to communicate with you about the Council and the PBO Act. If you do not provide some or all of the information requested in this form, the Council will not be able to assess your application or notification. All personal information collected by the Council is processed and stored in Australia.

Your personal information may be disclosed by the Council to authorities of any Australian State or Territory, or of the Commonwealth (including for the purpose of requesting a criminal history check). The Council will only disclose your personal information with your consent or as otherwise permitted by the PBO Act and the IP Act.

Further information about the Council's personal information practices, and its commitment to dealing with personal information in accordance with the IP Act, can be found in the Council's Privacy Policy, available here: <https://www.pboc.qld.gov.au/about-us/corporate-information/policies-and-registers/privacy-policy>

The Privacy Policy contains information about how you may seek access to, or correction of, your personal information held by the Council, how you may make a privacy complaint, and how the Council deals with privacy complaints.





Pharmacy business name: _____

Name of applicant

Name of applicant: _____

Name of trustee: _____

Trustee is owner of pharmacy business

Trustee is shareholder of owner corporation

Beneficiary details

Title: _____ Surname: _____

Given name/s: _____

Preferred name/s: _____ Date of birth: _____

Postal address: _____

Town/suburb: _____ State: _____ Postcode: _____

Phone number: _____

Email address: _____

	YES	NO
Do you hold an interest in any other pharmacy business/es (i.e. other than the pharmacy business which is the subject of this application)?		

If 'Yes', provide details:



Please select which of the following statements applies to you:

- I am a practising pharmacist with Ahpra registration
- I am an eligible non-practising pharmacist with Ahpra registration
- I am the spouse of a practising pharmacist (or eligible non-practising pharmacist) with Ahpra registration
- I am an adult child of a practising pharmacist (or eligible non-practising pharmacist) with Ahpra registration
- I am a beneficiary of a discretionary trust which satisfies the conditions set out in section 218 of the Act

If you are a practising pharmacist (or eligible non-practising pharmacist) with Ahpra registration, complete the following:

Ahpra registration number: _____

If you are the spouse or an adult child of a practising pharmacist (or eligible non-practising pharmacist) with Ahpra registration, provide the name and Ahpra registration number of the practising pharmacist (or eligible non-practising pharmacist):

Ahpra registration name: _____

Ahpra registration number: _____



Consent and declaration

I consent to the Council collecting, using and disclosing my personal information for the purpose of determining this application and any matters related to the pharmacy business licence, if granted.

I consent to the Council making enquiries of, and exchanging information with, the authorities of any Australian State or Territory, or of the Commonwealth, regarding any matters relevant to this application (which may include requesting a criminal history check).

I declare that, to the best of my knowledge, all information provided in, and with, this application form is true and correct in every detail.

I acknowledge that it is an offence under section 71 of the PBO Act to provide any false or misleading information or documents to the Council.

I understand that, if anything stated in this application form, or provided with this application form, is false or misleading, any pharmacy business licence granted may be suspended or cancelled.

I acknowledge that, if a pharmacy business licence is granted, I will have an ongoing obligation to notify the Council, within 14 days, of any changes in circumstances as set out in Part 6 of the PBO Act.

If I am an eligible non-practising pharmacist, I acknowledge that, from 1 November 2027, I will need to hold a practising registration as a pharmacist under the Health Practitioner Regulation National Law, in order to own, or hold an interest in, a pharmacy business in Queensland.

Signature

Full name and position held

Date (DD/MM/YYYY)

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