



**FORMS 1A/1B/2/5/6**  
*Pharmacy Business Ownership Act 2024*  
**Annexure**

# Confirmation of identity

***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.





# Instructions for completing this annexure

## Who needs to complete this annexure?

This annexure is to be completed by a person who is required to provide confirmation of their identity and/or their relationship to a practising pharmacist (or eligible non-practising pharmacist). It is required to accompany an application for a new pharmacy business ownership licence or an application or notification relating to an existing licence.

It is to be completed by:

- an applicant who is a natural person
- a director of an applicant corporation
- a shareholder of an applicant corporation
- a beneficiary of a trust
- another material interest holder in a pharmacy business.

## Documents

In order to provide confirmation of your identity, or your spousal or parent/child relationship, you must show your original documents to an approved certifier. Electronic documents may be sighted where the original identity document is an electronic document.

If no document exists, for example, as evidence of a de facto relationship, you will need to make a statutory declaration instead.

The approved certifier must complete their part of the form to confirm that they have sighted your documents.

**Do not submit identity documents or copies of identity documents to the Council.**

## Approved certifiers

The following people may complete this form as an approved certifier:

- justices of the peace (with registration number provided);
- notaries public;
- commissioners for declarations;
- legal practitioners (solicitor or barrister);
- police officers (certifying officer to include name, rank and name of their police station);
- teachers (certifying individual to include name and teacher registration number);
- Ahpra registered health practitioners (certifying individual to include name and Ahpra registration number).



Pharmacy business name: \_\_\_\_\_

# 1. Details of person confirming their identity

## Person confirming their identity

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Given name/s: \_\_\_\_\_ Date of birth: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date (DD/MM/YYYY)*



## 2. Person confirming identity to complete

### Adults (persons aged 18 years and older)

Show the following **original** identification documents to the approved certifier:

- 1 document from **Category A** which shows your full legal name; or
- 2 documents from **Category B**; or
- 1 document from **Category B and** 1 document from **Category C**.

Please indicate in the table below which documents are presented to the approved certifier.

Category A	
Primary Photographic Identification Document	YES
Current driver's licence showing photo of person	
Current Australian passport (or one which has expired within the last 2 years)	
Current foreign passport (or similar document) issued by a government, the UN or an agency of the UN. The document must contain a photograph and signature	
Current Proof of Age card (issued by an Australian State or Territory)	
National Identity Card issued by a government, the UN or an agency of the UN. The document must contain a photograph and signature	
Category B	
Primary Non-Photographic Identification Document	YES
Current driver's licence without a photo	
Full Australian Birth Certificate	
Medicare card	
Foreign birth certificate issued by a government, the UN or an agency of the UN	
Citizenship certificate	
Current Centrelink Pension card	
Category C	
Secondary Identification Document	YES
A notice that was issued to the relevant person by the Australian Government	



## Name changes

If you have changed your name, or the details of your name are different on your identification documents, you must show an **original, official document** that provides evidence of your change of name to the approved certifier.

Please indicate in the table below which documents are presented to the approved certifier.

Acceptable document	Status	YES
<b>Australian marriage certificate</b> (not a ceremonial certificate)	Issued by relevant Registrar of Births, Deaths and Marriages	
<b>Australian civil partnership/ relationship certificate</b>	Issued by relevant Registrar of Births, Deaths and Marriages	
<b>Australian Change of Name certificate</b>	Issued by relevant Registrar of Births, Deaths and Marriages	
<b>Australian birth certificate</b> (amended with/without notations)	Issued by relevant Registrar of Births, Deaths and Marriages	
<b>Divorce papers</b> (must show the name being reverted to)	Issued by relevant court	
<b>Deed poll</b>	Issued before 1 February 2004	
<b>Overseas marriage certificate</b> Plus 1 x <b>Category A</b> document in your married name or 2 x <b>Category B</b> documents in your married name	The overseas marriage certificate must show an official crest and the registration number. If the marriage certificate is not in English, a recognised English translation from a translator approved by the National Accreditation Authority for Translators and Interpreters (NAATI) is required.	



## Evidence of spousal or parent/child relationships

If you are required to provide evidence of your spousal or parent / child relationship with a practising pharmacist (or eligible non-practising pharmacist), you must show an **original, official document** that provides evidence of the relationship, to the approved certifier.

Please indicate in the table below which documents are presented to the approved certifier.

Acceptable document	Status	YES
<b>Australian marriage certificate</b> (not a ceremonial certificate)	Issued by relevant Registrar of Births, Deaths and Marriages	
<b>Australian civil partnership/ relationship certificate</b>	Issued by relevant Registrar of Births, Deaths and Marriages	
<b>Overseas marriage certificate</b> Plus 1 x <b>Category A</b> document in your married name or 2 x <b>Category B</b> documents in your married name	The overseas marriage certificate must show an official crest and the registration number. If the marriage certificate is not in English, a recognised English translation from a translator approved by the National Accreditation Authority for Translators and Interpreters (NAATI) is required.	
<b>Australian birth certificate</b> (amended with/without notations)	Issued by relevant Registrar of Births, Deaths and Marriages	
<b>Overseas birth certificate</b> Plus 1 x <b>Category A</b> document in your married name or 2 x <b>Category B</b> documents in your married name	The overseas birth certificate must show an official crest and the registration number. If the birth certificate is not in English, a recognised English translation from a translator approved by the National Accreditation Authority for Translators and Interpreters (NAATI) is required.	

## Statutory declaration

Where you are providing evidence of your identity and/or relationship to a practising pharmacist and no document exists, for example, as evidence of a de facto relationship, you will need to make a statutory declaration.

A statutory declaration must comply with the requirements of the *Oaths Act 1867*. The Queensland Government's website provides more information about the requirements and has a statutory declaration form available for download:

<https://www.qld.gov.au/law/legal-mediation-and-justice-of-the-peace/making-important-legal-documents/statutory-declarations>

You will need to show the completed declared statutory declaration to the approved certifier.

Acceptable document	Status	YES
<b>Statutory declaration that complies with the requirements of the Oaths Act</b>	Declared before an authorised witness	



### 3. Approved certifier to complete

#### Declaration

I declare that:

- I have sighted the identification documents marked above.
- I have checked the name, date of birth and signature details provided in this form and confirm they match those on the identification documents sighted.
- I understand it is an offence to provide a false or misleading statement or document.

*Signature*

*Full name and position held*

*Date (DD/MM/YYYY)*

*Town or city where signed*

*Stamp (if relevant)*

**I am a** (please select which of the following statements applies to you):

**Justice of the peace**

Registration number: \_\_\_\_\_

**Notary public**

**Commissioner for Declarations**

**Legal practitioner** (solicitor or barrister)

**Police Officer**

Name and rank: \_\_\_\_\_

Name of police station: \_\_\_\_\_

**Teacher**

Registration number: \_\_\_\_\_

**Ahpra registered health practitioner**

Registration number: \_\_\_\_\_

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