



Part C. Applicant details – Natural person *(additional)*

NATURAL PERSON []: Details

*Each natural person applicant must also complete the **Confirmation of identity and Fit and proper person details – Individual annexures***

Title: _____ Surname: _____

Given name/s: _____

Preferred name/s: _____ Date of birth: _____

Postal address: _____

Town/suburb: _____ State: _____ Postcode: _____

Phone number: _____

Email address: _____

Please select which of the following statements applies to you:

A practising pharmacist with Ahpra registration An eligible non-practising pharmacist with Ahpra registration

Ahpra registration number: _____

Do you hold an ownership interest or material interest in any other pharmacy business/es (i.e. other than the pharmacy business which is the subject of this application)?

YES	NO

If 'Yes', provide details:

Are you, or are you to be, an owner of the pharmacy business as trustee of a trust.

If 'Yes', answer the questions below:

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Name of trust: _____

Australian Business Number (ABN): _____

How many beneficiaries of the trust are there? _____

*Each beneficiary must also complete the **Confirmation of identity and Beneficiary details annexures***