

Notification of change in ownership or ownership particulars of a pharmacy business

If you have been granted a pharmacy business licence under the *Pharmacy Business Ownership Act 2024* do not use this form.

Important information

The *Pharmacy Business Ownership Act 2001* (2001 Act) requires a person who owns, starts to own, or ceases to own, a pharmacy business to make a notification of a change in ownership, or a change in ownership particulars, of the pharmacy business. These requirements are outlined in sections 141A and 141B of the 2001 Act.

Sections 215 and 216 of the *Pharmacy Business Ownership Act 2024* (PBO Act 2024) requires that eligible, or deemed eligible persons, carrying on an existing pharmacy business must continue to make the 2001 Act notifications until they have been granted a pharmacy business licence under the PBO Act 2024.

Use of this form

The form is to notify the Queensland Pharmacy Business Ownership Council (Council) ¹ when:

- a relevant person starts to own the pharmacy business; or
- a relevant person ceases to own the pharmacy business; or
- there is a change of name or location of the pharmacy business; or
- for a corporation other than a corporation mentioned in section 139B(c) to (e) of the 2001 Act, there is a change to:
 - the directors or shareholders of a corporation that owns the pharmacy business; or
 - the shareholdings of a shareholder of a corporation that owns the pharmacy business; or
- for a pharmacy business owned in partnership, there is a change to the share, interest or ownership capacity held by the partner.

The notification should be made after the change takes effect and must be made within 21 days of the change.

If this notification relates to a relevant person starting to own a pharmacy business, the relevant person must be granted a pharmacy business licence under the PBO Act 2024 before the ownership change can take effect. If you have been granted a licence by the Council, you do not need to complete this form.

¹ The Director-General of Queensland Health has delegated the receipt and management of these notifications to the Queensland Pharmacy Business Ownership Council.



Completing and submitting the form

The form can be completed electronically or in hard copy by hand. If completing the form by hand, please:

- use BLACK or BLUE pen
- print in BLOCK LETTERS
- mark boxes like this with a ✓ or ✗

Before returning this form, please ensure you have checked and answered all applicable sections correctly. Please retain a copy of this form for your records.

Please submit this notification by email to applications@pboc.qld.gov.au.

The Council may be contacted on phone 07 3325 6200 or by email at applications@pboc.qld.gov.au if you require assistance with this form or the notification process.

Privacy collection notice – please read carefully

In addition to the Council's obligations in respect of confidential information under the *Pharmacy Business Ownership Act 2024* (Qld) (PBO Act 2024), 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 2024 and under the relevant functions of the *Pharmacy Business Ownership Act 2001* (2001 Act) delegated to it by the Director-General of Queensland Health. The Council will use this information for the purposes of administering those delegated powers and the PBO Act 2024, including to assess your notification and to communicate with you about the Council and the PBO Act 2024. If you do not provide some or all of the information requested in this form, the Council will not be able to assess your notification. All personal information collected by the Council is processed and stored in Australia.

Your personal information may be disclosed by the Council to Queensland Health and to authorities of any Australian State or Territory, or 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 2024 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: [Privacy policy | Queensland Pharmacy Business Ownership Council](#)

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.

Glossary of terms

Term	Meaning
Ahpra	Australian Health Practitioner Regulation Agency
Relative, of a pharmacist	A spouse of the pharmacist; or A child of the pharmacist who is at least 18 years of age
Corporation mentioned in section 139B (c) to (e) of the 2001 Act	A corporation mentioned in section 139B(c) to (e) of the 2001 Act means: <ul style="list-style-type: none"> • a friendly society that operates a pharmacy business in Queensland or another Australian state or territory; • a friendly society that is an amalgamation of 2 or more friendly societies mentioned above; or • Mater Misericordiae Ltd (ACN 096 708 922).
Person	A person includes a corporation as defined in <u>Schedule 1</u> of the <i>Acts Interpretation Act 1954</i> (Qld).
Pharmacist	A person who is registered under the Health Practitioner Regulation National Law to practise in the pharmacy profession, other than as a student.
Relevant person	Relevant person, for a change of ownership of a pharmacy business, means: <ul style="list-style-type: none"> • a person who starts to own the business; and • a person who ceases to own the business, as defined under section 141A(2) of the 2001 Act. <p>Note that a person includes a corporation (see above).</p>

1 Pharmacy business details

These are the pharmacy business details immediately prior to the change being notified in this form.

Registered business name

Pharmaceutical Benefits Scheme approval number

<input type="text"/>	Private/non-PBS <input type="checkbox"/>
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Address

Email

Contact phone number

2 Authorised representative contact details

Leave section blank if not applicable

Please direct all correspondence relating to this form to the authorised representative below

Name

Organisation name (if applicable)

Contact phone number

Email

Mailing address

Relationship to relevant person/pharmacy business owner

3 Relevant person/business owner's details

Miss Mrs Ms Mr

Other
(please
specify)

Name

Date of birth

Residential address (not a PO Box)

Mailing address (if different to residential address)

Email

Contact phone number

Please mark all that apply:

I am a registered pharmacist

Please provide your Ahpra Registration Number:

Ahpra Registration:

I am completing this form on behalf of a corporation

Please also complete Annexure A below

I confirm that I have the consent of other relevant individuals identified within this form to disclose their personal information to the Council

DETAILS OF CHANGE

4 Date of change

Please indicate the effective date of the change

Effective date of change

Note that the notification must be provided within 21 days of the change.

5 Change being notified

Please indicate the change(s) being notified:

- Change of pharmacy business name
- Change of pharmacy business location
- Change of ownership of pharmacy business (acquiring, or disposing of, an interest in a pharmacy business)
- Change to the share, interest or ownership capacity of a partner in a pharmacy business
- Change of directors or shareholders of a corporation that owns a pharmacy business
- Change to the shareholdings of a shareholder of a corporation that owns a pharmacy business

CHANGE OF PHARMACY BUSINESS NAME

6 New name of pharmacy business

Please provide details of the new name of the pharmacy business.

Leave section blank if not applicable

New name of pharmacy

CHANGE OF PHARMACY BUSINESS LOCATION

7 New address of pharmacy business

Please provide details of the new address of the pharmacy business.

Leave section blank if not applicable

New address of pharmacy

ACQUIRING AN OWNERSHIP INTEREST IN AN EXISTING PHARMACY BUSINESS

8 Acquiring an interest in or buying an EXISTING pharmacy business

Leave section blank if not applicable

Under the *Pharmacy Business Ownership Act 2024*, you must be granted a licence before this ownership change takes effect. Please contact the Council for further advice.

Please indicate the capacity in which you have acquired an interest.

Please select all that apply

8.1 Natural person

- An individual (NOT involving a trust)
Example: **Mr James Smith**

Please provide the ABN if applicable:

ABN:

8.2 Trustee

- As trustee of a trust
Example: **Mr James Smith as Trustee for the Smith Trust** or **Smith Pharmacy Pty Ltd as Trustee for the Smith Pharmacy Trust**

Please provide the ABN of the trust if applicable:

ABN:

Please indicate the type of trustee:

- Individual (a natural person)
- Body corporate (a company) *Please also complete Annexure A below*

8.3 Corporation

- Please also complete Annexure A below*

DISPOSING OF AN OWNERSHIP INTEREST IN AN EXISTING PHARMACY BUSINESS

9 Disposing of an entire interest in an EXISTING pharmacy business

Leave blank if not applicable

I confirm that as of the effective date of change (noted in section 4), I no longer own or have an interest in this pharmacy business, in any capacity.

CHANGE TO OWNERSHIP INTEREST OF A PARTNER IN A PHARMACY BUSINESS

10 Change to the share, interest or ownership capacity

The use of this section is limited to where a relevant person has an ownership interest in a pharmacy business in a partnership, and the CURRENT share/interest held by the person changes, but they continue to have an interest.

Leave blank if not applicable

Please indicate how your share, interest or ownership capacity in the business structure has changed.

- Share/interest in the pharmacy business has INCREASED
- Share/interest in the pharmacy business has DECREASED
- Share/interest in the pharmacy business has not changed but there is a change in the capacity in which you own the pharmacy business

Provide further details:

CORPORATE CHANGES

Sections 11 and 12 apply only to a corporation that is NOT a corporation mentioned in section 139B (c) to (e) of the 2001 Act (see Glossary at the front of this form).

11 Change to the directors or shareholders of the corporation

Please complete this section where there is a change to the directors or shareholders of the corporation that owns the pharmacy business.

Leave blank if not applicable

- I confirm that on the effective date of change (noted in section 4), there was a change to the directors or shareholders of the corporation listed below.

Please provide the company name and ACN

Company name:

ACN:

Please also complete Annexure A below

12 Change to the shareholding of a shareholder of the corporation

Please complete this section where there is a change to the shareholdings of one or more shareholders of the corporation that owns the pharmacy business.

Leave blank if not applicable

- I confirm that on the effective date of change (noted in section 4), there was a change to the shareholdings of one or more of the shareholders of the corporation that owns the pharmacy business.

Please provide the company name and ACN

Company name:

ACN:

Please also complete Annexure A below

DECLARATION

I, _____
(name of relevant person)

of _____
(address)

declare that:

1. the information included in this Form and Annexure A below is true to the best of my knowledge and belief and is in no way false, inaccurate or misleading, and I have not omitted any relevant Information.
2. I understand my obligations under *Pharmacy Business Ownership Act 2001* (Qld) and the *Pharmacy Business Ownership Act 2024* (Qld);

Signature of the relevant person: _____ Date: / /

Annexure A Company Details

Company name

Australian Company Number (ACN)

Registered office

NEW DIRECTOR AND/OR SHAREHOLDER DETAILS

DIRECTOR DETAILS

Full name	Relationship to pharmacist (if not a pharmacist themselves)

SHAREHOLDER DETAILS

Full name	Beneficially held? (Y/N)	Number of shares held	Do shares hold voting rights? (Y/N)	Relationship to pharmacist (if not a pharmacist themselves)

I confirm that both before and after the change:

- all directors and shareholders are either pharmacists, or a combination of pharmacists and relatives of pharmacists, and the majority of shares in the company are held by pharmacists; and
- only shares held by pharmacists hold voting rights.

(alternatively, please contact the Council for advice)

Signature of the relevant person: _____ Date: / /