



FORM 1B  
*Pharmacy Business Ownership Act 2024*

# Application for a pharmacy business licence – Friendly society or Mater Misericordiae Ltd

***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 application form

## Important information

### Before completing this application form,

Please carefully review the *Pharmacy Business Ownership Act 2024* (Qld) (PBO Act), and the associated guidance materials provided on the Council website: <https://www.pboc.qld.gov.au/licences/apply-for-a-licence>

You should consider obtaining independent advice if you are unsure about how any section of the PBO Act or any parts of this application form apply to your specific circumstances.

## Pharmacy business licence application process

### 1. Complete application form and applicable annexures, and gather supporting documents

The PBO Act requires that an application for a pharmacy business licence must be in the approved form. For an application to be in the approved form, it must be made on this application form and include the following annexures as applicable:

- **Confirmation of identity**
- **Fit and proper person details – Individual**
- **Fit and proper person details – Corporation**
- **Beneficiary details**
- **Material interest holder details.**

These can be downloaded from <https://www.pboc.qld.gov.au/licences/apply-for-a-licence>

There are 9 parts (A to I) to this application form:

- A. Pharmacy business details
- B. Eligibility requirements
- C. Applicant details – Friendly society
- D. Applicant details – Mater Misericordiae Ltd
- E. Director details
- F. Other material interest holders in the pharmacy business
- G. Details of authorised representative
- H. Consent and declaration
- I. Document checklist.

**All parts must be completed so far as they are relevant to your application.**

Each part may direct you to complete one or more of the associated annexures and/or provide supporting documents for your application.

An executive officer of the corporation with authority to act on behalf of the corporation must complete relevant sections of the form on behalf of the corporation.



## Instructions for completing this application form *(continued)*

### 2. Confirmation of identity and relationships

Evidence of identity and, where relevant, evidence of spousal and parent/child relationships will be required as part of this application. Evidence can be provided by completing and submitting the **Confirmation of identity** annexure with this application.

The **Confirmation of identity** annexure provides information about the documents and the process required to verify your identity. Original documents must be sighted by an approved certifier. The approved certifier will need to sign the **Confirmation of identity** annexure. Electronic documents may be sighted where the original identity document is an electronic document.

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

Each of the following persons must complete the **Confirmation of identity** annexure:

- director of an applicant corporation
- another material interest holder.

#### Approved certifiers

The following people are approved certifiers:

- 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).

### 3. Complete the applicable *Fit and proper person details* annexure

There are two **Fit and proper person details** annexures:

- **Fit and proper person details – Individual**; and
- **Fit and proper person details – Corporation**.

Each of the following persons must complete the applicable **Fit and proper person details** annexure:

- each corporation applying for a pharmacy business licence (an executive officer of the corporation must complete the **Fit and proper person details – Corporation** annexure on behalf of the corporation); and
- each director of the corporation (**Fit and proper person details – Individual** annexure).



## Instructions for completing this application form *(continued)*

### 4. Submit application form, associated annexures and other documents to the Council

Once you have prepared your application, you will need to submit your application form (along with all required annexures and supporting documents) to the Council.

KiteWorks (a secure file transfer portal) is the only way you can submit your application.  
Follow the instructions here: <https://www.pbc.qld.gov.au/licences/apply-for-a-licence>.

After submitting the application, you will receive an acknowledgement of receipt from the Council which will contain your application number.

The Council will conduct an initial review of the application and advise you of the application fee to be paid.<sup>1</sup>

### 5. Pay the application fee

For an application to be considered valid, the correct application fee must be paid, as prescribed by the *Pharmacy Business Ownership Regulation 2025* (Qld). Further information can be found here: <https://www.legislation.qld.gov.au/view/html/inforce/current/sl-2025-0131>

Submit payment of the application fee as advised by the Council using BPOINT.

Retain a copy of your receipt.

Further information on fees can be found here: <https://www.pbc.qld.gov.au/licences/fees>

## Where can I get help?

The Council may be contacted on phone **07 3325 6200** or by email [enquiries@pbc.qld.gov.au](mailto:enquiries@pbc.qld.gov.au) if you require assistance with the application process.

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<sup>1</sup> Following a full assessment of the application by the Council, there may need to be an adjustment of the fee if, for example, a more complicated business structure is identified.



## Part A.

# Pharmacy business details

### Category of pharmacy business *(Select only one option)*

Existing business <i>(application by existing owner/s)</i>	
Existing business <i>(application by new owner/s)</i>	Anticipated settlement date: _____
New business <i>(greenfield site)</i>	Anticipated opening date: _____

### Pharmacy business details

Pharmacy name or registered business name: \_\_\_\_\_

Australian Business Number (ABN): \_\_\_\_\_

Business phone number: \_\_\_\_\_

Business email address: \_\_\_\_\_

### Premises details

#### Address of the premises at which the pharmacy business is, or is to be, carried on:

Address: \_\_\_\_\_

Town/suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

	YES	NO
Are the premises located in, or directly accessible from, a supermarket? <i>If 'Yes' contact the Council for advice.</i>		
Does the premises meet the standards set out in the <i>Pharmacy Business Ownership Regulation 2025</i> (Qld)? Further information can be found here: <a href="https://www.legislation.qld.gov.au/view/html/inforce/current/sl-2025-0131">https://www.legislation.qld.gov.au/view/html/inforce/current/sl-2025-0131</a> <i>If 'No', contact the Council for advice.</i>		

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**Part A. Pharmacy business details** *(continued)*

Pharmacy services provided, or to be provided, at the premises	YES	NO
Is Pharmaceutical Benefits Scheme (PBS) approval held?		

*If 'Yes', provide PBS approval number:* \_\_\_\_\_

**Please select all that apply:**

- Dispensing** by or under the supervision of a practising pharmacist, of medicines to members of the public
- Therapeutic nicotine       Medicinal cannabis       Opioid treatment program

- Compounding** of medicines for sale to members of the public
- Simple       Complex       Sterile       Medicinal cannabis

- Selling of medicines** by or under the supervision of a practising pharmacist, to members of the public, other than on prescription
- Therapeutic nicotine       Urinary Tract Infection Community Pharmacy Service

- Administration**
- Medicines       Immunisation medicines       Opioid treatment program
- Fluoride Community Pharmacy Service

- Prescribing**
- General Health Community Pharmacy Services (including acute common condition services and health and wellbeing services)
- Hormonal Contraception Community Pharmacy Service
- Community Pharmacy Chronic Conditions Management Pilot
- Other** *(please provide details):*

- Medicines supplied by post or courier (indirect supply)**

- Repackaging (e.g. dose administration aids)**
- At premises       Third-party packing service

- Wholesaling**

- Other** *(please provide details):*



## Part B. Eligibility requirements

Only eligible persons may apply for a pharmacy business licence.

### Eligibility to apply for a pharmacy business licence

Identify the categories of persons applying for a licence (Please select which category applies)

#### Friendly societies

A **friendly society** that, on 29 April 2005, carried on a pharmacy business in Queensland or another State

A *friendly society* means a corporation:

- (a) that is registered under the *Corporations Act 2001* (Cth) under a name that includes the words 'friendly society'; and
- (b) that is not carrying on business for the dominant purpose of securing a profit or pecuniary gain for its members; and
- (c) for which any object or intention of providing a dividend to its members is a limited, and not a dominant, purpose; and
- (d) that applies its property and income towards the objects of the corporation.

A **friendly society** that is an amalgamation of two or more friendly societies mentioned above

#### Mater Misericordiae

**Mater Misericordiae Ltd** (ACN 096 708 922)



## Part C. Applicant details – Friendly society

This part must be completed by an executive officer of the applicant friendly society with authority to act on behalf of the friendly society.

### FRIENDLY SOCIETY: Details

*The executive officer of the friendly society must also complete a **Fit and proper person details – Corporation annexure** on behalf of the friendly society*

Please select which option applies:

A friendly society that on 29 April 2005 carried on a pharmacy business in Queensland or another State	<input type="checkbox"/>
A friendly society that is an amalgamation of 2 or more friendly societies that on 29 April 2005 carried on a pharmacy business in Queensland or another State	<input type="checkbox"/>

Company name: \_\_\_\_\_

Australian Company Number (ACN): \_\_\_\_\_

	YES	NO
Does this friendly society hold an interest in any other pharmacy business/es (i.e. other than the pharmacy business which is the subject of this application)?	<input type="checkbox"/>	<input type="checkbox"/>

If 'Yes', provide details:

How many directors of the friendly society are there: \_\_\_\_\_

*Each director must provide their details in **Part E** of this form and also complete the **Confirmation of identity and Fit and proper person details – Individual annexures***



**Part D.**

# Applicant details – Mater Misericordiae Ltd

This part must be completed by the executive officer of the Mater Misericordiae Ltd

**MATER MISERICORDIAE LTD: Details**  
*The executive officer of the Mater Misericordiae Ltd must also complete a **Fit and proper person details – Corporation** annexure on behalf of the corporation*

	YES	NO
Does Mater Misericordiae Ltd 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:*

How many directors of Mater Misericordiae Ltd are there: \_\_\_\_\_

*Each director must provide their details in **Part E** of this form and also complete the **Confirmation of identity and Fit and proper person details – Individual** annexures*



## Part E. Director details

This part must be completed by all directors of the applicant corporation.

### DIRECTOR 1: Details

Each director 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: \_\_\_\_\_

### DIRECTOR 1: 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.

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

\_\_\_\_\_  
*Full name and position held*

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



**Part E. Director details** *(continued)*

**DIRECTOR 2: Details**

Each director 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: \_\_\_\_\_

**DIRECTOR 2: 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).

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**Signature**

**Full name and position held**

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



**Part E. Director details** (continued)

**DIRECTOR 3: Details**

Each director 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: \_\_\_\_\_

**DIRECTOR 3: 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.

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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.

**Signature**

**Full name and position held**

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



**Part E. Director details** *(continued)*

**DIRECTOR 4: Details**

Each director 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: \_\_\_\_\_

**DIRECTOR 4: 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.

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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.

**Signature**

**Full name and position held**

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



**Part E. Director details** *(continued)*

**DIRECTOR 5: Details**

Each director 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: \_\_\_\_\_

**DIRECTOR 5: 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.

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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.

**Signature**

**Full name and position held**

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



**Part E. Director details** *(continued)*

**DIRECTOR 6: Details**

Each director 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: \_\_\_\_\_

**DIRECTOR 6: 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.

**Signature**

**Full name and position held**

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



**Part E. Director details** (continued)

**DIRECTOR 7: Details**

Each director 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: \_\_\_\_\_

**DIRECTOR 7: 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.

**Signature**

**Full name and position held**

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



**Part E. Director details** *(continued)*

**DIRECTOR 8: Details**

Each director 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: \_\_\_\_\_

**DIRECTOR 8: 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.

**Signature**

**Full name and position held**

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



**Part F.**

# Other material interest holders in the pharmacy business

Complete this part to provide the details of all material interest holders in the pharmacy business not otherwise disclosed in this application. This includes any interest that entitles the person who holds the interest to receive consideration that varies according to the profits or takings of the business.

If there are no other material interest holders, skip this part and move to *Part G*.

Details of material interest holders in the pharmacy business	YES	NO
Are there other material interest holders in the pharmacy business that have not been disclosed elsewhere in this form		
<i>If 'Yes', complete the question below</i>		

How many other material interest holders are there: \_\_\_\_\_

Each material interest holder must also complete the **Confirmation of identity** and **Material interest holder details** annexures



**Part G.**

**Details of authorised representative**

Complete this part to provide the details of the person who will be the primary point of contact for the application.  
This person may be an executive officer or director of the applicant corporation,  
or other authorised representative (e.g. lawyer, accountant).  
The nominated person may be authorised to receive correspondence on behalf of the applicants,  
or to act on behalf of the applicants, or both.

**Details of authorised representative**

Name of authorised representative: \_\_\_\_\_

Organisation name (if applicable): \_\_\_\_\_

Relationship to applicant/s: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Town/suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

	YES	NO
The applicant/s authorise the abovementioned representative to receive correspondence, on behalf of the applicant/s, from the Council in relation to this application		
The applicant/s authorise the abovementioned representative to act on behalf of the applicant/s in relation to this application		



## Part H.

# Consent and declaration

This part must be completed on behalf of the corporation by an executive officer with authority to act on behalf of the applicant corporation.

### 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.

I authorise the representative who has been nominated in this application to:

- receive correspondence, on my behalf, from the Council in relation to this application; and/or
- act on my behalf in relation to this application

as specified in this application (if applicable).

*Signature*

*Full name and position held*

*Date (DD/MM/YYYY)*



## Part I. Document checklist

Complete this checklist to identify the documents being provided with your application.  
Ensure you provide all annexures and copies of supporting documents listed below that are applicable to your application.

Required documents	No. of documents provided	Included	
		YES	N/A
<b>Part A. Pharmacy business details</b>			
Provide a copy of any title document(s), lease(s), sub-lease(s), transfer(s) of lease, licence(s) or other documents in relation to the premises for the business, which provide evidence of the entitlement of the applicant to conduct the pharmacy business on the premises			
<b>Part B. Eligibility requirements</b>			
<b>All applications must be accompanied by an ownership structure diagram.</b>			
Provide an ownership structure diagram. The ownership diagram should identify applicants, partnerships, joint ventures and any ownership interests in the business which are held on trust (including shares in corporations), including the name of the relevant trust			
Provide a copy of a franchise agreement or licence, or such other arrangement to use a third-party trademark, banner or branding (i.e. trading under a banner brand owned by a third party)			
Provide a copy of any other agreement, document or arrangement (e.g. Power of Attorney, service agreement, finance agreement, profit-sharing arrangement or other third-party arrangement) which may evidence: <ul style="list-style-type: none"> <li>the existence of a material interest holder in the pharmacy business and/or</li> <li>any arrangements that may contravene section 22 of the PBO Act (prohibited activities)</li> </ul>			
<b>Part C. Applicant details – Friendly society</b>			
Provide a copy of an ASIC current company extract of the friendly society Note: you will need to order a copy of the <b>current</b> company extract from ASIC. <a href="https://www.asic.gov.au/for-business-and-companies/forms-and-fees/all-fees/search-fees/">https://www.asic.gov.au/for-business-and-companies/forms-and-fees/all-fees/search-fees/</a>			
Provide a copy of the friendly society's constitution			
Provide documents to evidence that the friendly society is an amalgam of two or more friendly societies			
The executive officer of the friendly society must complete: <ul style="list-style-type: none"> <li><b>Fit and proper person details – Corporation</b> annexure (completed on behalf of the corporation)</li> </ul>			

Continued over on next page...



**Part I. Document requirements** *(continued)*

Required documents	No. of documents provided	Included	
		YES	N/A
<b>Part D. Applicant details – Mater Misericordiae Ltd</b>		YES	N/A
Provide a copy of an ASIC current company extract of the Mater Misericordiae Ltd Note: you will need to order a copy of the <b>current</b> company extract from ASIC. <a href="https://www.asic.gov.au/for-business-and-companies/forms-and-fees/all-fees/search-fees/">https://www.asic.gov.au/for-business-and-companies/forms-and-fees/all-fees/search-fees/</a>			
The executive officer of the Mater Misericordiae Ltd must complete: <ul style="list-style-type: none"> <li>• <b>Fit and proper person details – Corporation</b> annexure <i>(completed on behalf of the corporation)</i></li> </ul>			
<b>Part E. Director details</b>		YES	N/A
Each director of the applicant corporation (Friendly society or Mater Misericordiae Ltd) must complete: <ul style="list-style-type: none"> <li>• <b>Confirmation of identity</b> annexure</li> </ul>			
<ul style="list-style-type: none"> <li>• <b>Fit and proper person details – Individual</b> annexure</li> </ul>			
<b>Part F. Other material interest holders</b>		YES	N/A
Each other material interest holder, must complete: <ul style="list-style-type: none"> <li>• <b>Confirmation of identity</b> annexure</li> </ul>			
<ul style="list-style-type: none"> <li>• <b>Details of material interest holder</b> annexure</li> </ul>			
For each material interest holder – provide a copy of any document evidencing the nature of the material interest held			

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