



CORPORATION

SHAREHOLDER : Details:

Each shareholder 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: _____

	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:

- A practising pharmacist with Ahpra registration
- An eligible non-practising pharmacist with Ahpra registration
- A spouse of a practising pharmacist (or eligible non-practising pharmacist) with Ahpra registration
- An adult child of a practising pharmacist (or eligible non-practising pharmacist) with Ahpra registration



Part D. Applicant details – Corporation *(additional)*

CORPORATION

SHAREHOLDER : Details: *(continued)*

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: _____

	YES	NO
Do you own your shares in the applicant corporation as trustee of a trust? <i>If 'Yes', answer the question below:</i>		

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*

Do you own your shares in the applicant corporation 'non-beneficially' other than as a trustee of a trust?		
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If 'Yes', explain how the shares are held:



CORPORATION

SHAREHOLDER : Details: 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 remain eligible to own, or hold an interest in, a pharmacy business in Queensland.

Signature

Full name and position held

Date (DD/MM/YYYY)