



Notification of a change of company director(s)

Purpose of this form

Complete this form if you are an owner of an approved pharmacy and director of a company approved to supply pharmaceutical benefits at the approved premises under section 90 of the *National Health Act 1953*, and wish to notify the Department of Health (Department) of a change of company director(s) for that company.

For more information

Go to www.health.gov.au/pbsapprovedsuppliers. For assistance completing this form, email details of your enquiry to pbsapprovedsuppliers@health.gov.au.

Returning your form

Check that all required questions are answered and the form is signed and dated.

This form, and any related attachments, must be lodged via the PBS Approved Suppliers Portal PBSApprovedSuppliers.health.gov.au.

Further information on how to lodge your form is available at www.health.gov.au/pbsapprovedsuppliers under Guides and Forms – *How to upload PDF forms or additional requested information*.

Please do **not** email your form as emailed forms may not be processed. Please do **not** email your form in addition to uploading it via the Portal as this adds to the processing time for all submissions.

Privacy and your personal information

Personal information is protected by law, including the *Privacy Act 1988*.

Your personal information is being collected in this form by the Department for the purposes of processing your notification of change of company director(s).

If you do not provide this information, the Department will not be able to process your notification.

You can get more information about the way in which the Department will manage personal information, including our privacy policy, at www.health.gov.au/pbsapprovedsuppliers/forms-privacy.

Approved premises

Provide details of the approved pharmacy premises.

1 PBS approval number

2 Pharmacy business (trading) name

3 Address of approved pharmacy premises

Postcode

4 Pharmacy phone number

Email

Company director(s)

5 Company name

6 Provide details of all directors of the company. At least one company director must be registered as a pharmacist by the Pharmacy Board of Australia. Registration details provided in this form must be consistent with the AHPRA register.

Company director 1

Dr Mr Ms Other

Family name

First given name

Is this director a registered pharmacist?

No

Yes Provide registration number

Company director 2

Dr Mr Ms Other

Family name

First given name

Is this director a registered pharmacist?

No

Yes Provide registration number

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Company director 3

Dr Mr Ms Other

Family name

First given name

Is this director a registered pharmacist?

No

Yes Provide registration number

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Company director 4

Dr Mr Ms Other

Family name

First given name

Is this director a registered pharmacist?

No

Yes Provide registration number

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If there are more than 4 directors, attach a separate sheet with details.

Evidence of company structure

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Attach evidence of the new company structure. This must be a recent ASIC report that details the change of company director(s) and date of the change.

To ensure pharmacy records are up to date, you should also advise the relevant state or territory pharmacy authority of any changes to the company structure.

Contact person's details

Provide details of the person the Department should contact regarding the information provided in this form (if required).

8 Dr Mr Ms Other

Family name

First given name

9 Organisation

10 Daytime phone number

Email

Declaration

This form must be signed by two directors or one director and the company secretary (as applicable).

11 We declare that:

- the information provided in this form is complete and correct.

We understand that:

- giving false or misleading information is a serious offence.

Full name

Signature

Date

Full name

Signature

Date