



Australian Government

Department of Health  
and Aged Care

# Application for permission to carry on business as a pharmacist by the legal personal representative of a deceased approved pharmacist

## Purpose of this form

Complete this form to apply to the Australian Government Department of Health and Aged Care (department) for permission to carry on the business of a deceased approved pharmacist under section 91 of the *National Health Act 1953* (Act), at the premises described in question 4 of this form.

## Important information

A separate application must be made for each premises where the applicant seeks to continue the business of a deceased approved pharmacist.

In the case of a trustee company, the application should be made by an authorised officer acting on behalf of the company.

If there is a partnership agreement/contract in place that deals with the pharmacy business, an application should not be made for permission under section 91 of the Act.

## For more information

Go to [www.health.gov.au/pbsapprovesuppliers](http://www.health.gov.au/pbsapprovesuppliers).

For assistance completing this form, email

[pbsapprovesuppliers@health.gov.au](mailto:pbsapprovesuppliers@health.gov.au) and a departmental officer will contact you, or call **1800 316 389** (call charges may apply).

## 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 (Portal)

**PBSApprovedSuppliers.health.gov.au**.

Further information on how to lodge your form is available at [www.health.gov.au/pbsapprovesuppliers](http://www.health.gov.au/pbsapprovesuppliers) 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*.

Personal information is being collected in this form by the department for the purposes of assessing your application, under section 91 of the Act, for permission to supply pharmaceutical benefits at specified premises.

If you do not provide this information, the department will not be able to assess your application.

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/pbsapprovesuppliers/forms-privacy](http://www.health.gov.au/pbsapprovesuppliers/forms-privacy).

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## Full name of legal personal representative

- 1** I hereby apply for permission to carry on the business of a deceased approved pharmacist under section 91 of the Act, in relation to the premises described in the *Details of deceased approved pharmacist* section of this form.

Dr ☐ Mr ☐ Ms ☐ Other

Family name

First given name

Second given name

## Details of deceased approved pharmacist

- 2** I am the executor/administrator to the estate of  
(Full name of deceased pharmacist):

- 3** Pharmacy approval number

- 4** Pharmacy business (trading) name

Building name

Unit  Suite  Shop  Floor number

Street number

Street name

Suburb

State  Postcode

- 5** Business phone number

Email

## Declaration

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### 6 I declare that:

- Full name of deceased pharmacist

passed away on:

- I am permitted to carry on the pharmacy business under the law of the state/territory of:

- the dispensing of drugs and medicinal preparations will be performed under the direct supervision of a registered pharmacist at the premises specified above, in accordance with Part VII of the Act and the regulation made under the Act.
- the information I have provided in this form is complete and correct.

### I understand that:

- giving false or misleading information is a serious offence.

Applicant's signature

Date