

Current owner(s) contact details after the change of ownership

Provide details to enable the department to contact you after the change of ownership of your pharmacy.

This information will be used to send any correspondence relating to PBS payments for the approval number being cancelled.

6 Contact name after the change of ownership

Dr ☐ Mr ☐ Ms ☐ Other

Family name

First name

7 Daytime phone number

Mobile phone number

Email

8 Postal address of current owner(s) after the change of ownership

Postcode

Declaration

All current owners (i.e. all current approved pharmacists being the pharmacy business owners and/or company directors and/or friendly society approved representatives) must be named in and sign this declaration.

9 I/We understand that:

- on the last trading day prior to settlement date, all PBS claims are to be closed.
- my/our PBS approval is not to be used on the day of settlement.
- giving false or misleading information is a serious offence.

I/We request that:

- my/our approval under section 90 of the Act to supply pharmaceutical benefits at the approved premises described in this form be cancelled under section 98 of the Act, with effect from close of business on the day immediately prior to settlement being confirmed by the department.

I/We declare that:

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

Current owner 1

Name (print)

Signature

Date

Current owner 2

Name (print)

Signature

Date

Current owner 3

Name (print)

Signature

Date

Current owner 4

Name (print)

Signature

Date



If there are more than 4 current owners, attach either another current owner(s) declaration form or a separate sheet with details.