



Australian Government

Department of Health
and Aged Care

Application for permission to supply pharmaceutical benefits following bankruptcy or external administration

Purpose of this form

Complete this form to apply to the Australian Government Department of Health and Aged Care (department) for permission under section 91B of the *National Health Act 1953* (Act) to supply pharmaceutical benefits following bankruptcy of an approved pharmacist or external administration of a pharmacy.

Important information

A separate application must be made for each premises where the applicant seeks to supply pharmaceutical benefits.

Where a pharmacist who is a member of a partnership becomes bankrupt, unless all partners are bankrupt, an application should not be made for permission under section 91B of the Act.

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 or call **1800 316 389** (call charges may apply).

Returning your form

Check 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/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*.

Personal information is being collected in this form by the department for the purposes of assessing your application, under section 91B 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/pbsapprovedsuppliers/forms-privacy

Applicant(s) details

- 1** I/We hereby apply for permission to supply pharmaceutical benefits, under section 91B of the Act, in relation to the premises described at question 4 of this form.

Applicant 1

Dr ☐ Mr ☐ Ms ☐ Other

Family name

First given name

Company name

Phone number

Email

Applicant 2

Dr ☐ Mr ☐ Ms ☐ Other

Family name

First given name

Company name

Phone number

Email



If there are more than 2 applicants, attach a separate sheet with details.

Description of pharmacy premises

2 Pharmacy approval number

3 Pharmacy business (trading) name

4 Pharmacy premises

Building name

Unit Suite Shop Floor number

Street number

Street name

Suburb

State Postcode

Business phone number

Email

5 Tick **ONE** only from the options below

The approved pharmacist is an individual who is bankrupt ☐ **Go to 6**

The approved pharmacist is a partnership and all partners are bankrupt ☐ **Go to 6**

The pharmacy business is under external administration ☐ **Go to 7**

6 Complete this question if the approved pharmacist is:

- an individual who is bankrupt, or
- a partnership where all partners are bankrupt.

The applicant(s) named at question 1 is/are the trustee of:
(Full name of bankrupt pharmacist 1)

(Full name of bankrupt pharmacist 2)



If there are more than 2 bankrupt pharmacists, attach a separate sheet with details.

Go to 8

7 Complete this question if the approved pharmacist is a company which is under external administration.

The applicant(s) named at question 1 is/are the external administrator of:
(Full name of company under external administration)

Appointment of trustee or external administrator

8 Date of appointment as trustee or external administrator



Documentation must be attached to this application to demonstrate the appointment of:

- the trustee of the estate of the bankrupt individual or each bankrupt partner, or
- an external administrator in relation to the pharmacy.

Operation as a pharmacy

9 Is the pharmacy situated at the premises described at question 4 currently operating as a pharmacy?

No ☐ **Go to 10**

Yes ☐ **Go to 12**

10 Date the pharmacy ceased operating as a pharmacy

11 Proposed date the pharmacy will resume operating as a pharmacy

12 On what grounds do you consider the pharmacy can continue or resume operating as a pharmacy?



If you need more space for your explanation, attach a separate sheet with details.

Declaration

13 I/We declare that:

- I am / we are 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 provided in this application is complete and correct.

I/We understand that:

- giving false or misleading information is a serious offence.

Signature of applicant 1

Date

Signature of applicant 2

Date



If there are more than 2 applicants, attach a separate sheet with details.