



Current owner(s) declaration

Purpose of this form

The current owner(s) must complete this form for an application involving a change of ownership of the approved pharmacy. The form is then submitted by the applicants (incoming owners) as part of the application to the Australian Government Department of Health, Disability and Ageing (department).

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 the form

Check all questions are answered and the form is signed and dated by all current owners.

The applicants (incoming owners) must attach the completed form at the Declarations section of their application before lodging it via the PBS Approved Suppliers Portal PBSApprovedSuppliers.health.gov.au.

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 an application for approval to supply pharmaceutical benefits at particular premises under section 90 of the *National Health Act 1953* (Act), in circumstances where there is a change in the ownership of a pharmacy.

If you do not provide this information, the department will not be able to assess the 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/using-our-websites/website-privacy-policy/privacy-notice-for-the-pbs-approved-suppliers-portal.

Current approval details

1 PBS approval number

2 Pharmacy business (trading) name

Street address

Suburb

State Postcode

Current owner(s) contact nominee

Provide details of either a current owner or other nominated person who is permitted to act on behalf of the current owner(s) on all matters relating to the current approval.

3 Name of current owner(s) contact nominee
Dr Mr Ms Other

Family name

First name

4 Daytime phone number

Mobile phone number

Email

5 Postal address of current owner(s) contact nominee

Postcode

