



Australian Government

Department of Health,  
Disability and Ageing

# Notification of bank account details for an approved pharmacist

## Purpose of this form

If you are a pharmacist, or director of a company or friendly society, approved under section 90 of the *National Health Act 1953* (Act) to supply Pharmaceutical Benefits Scheme (PBS) medicines at particular premises, complete this form to update or provide your banking details to the Australian Government Department of Health, Disability and Ageing (department) for payments made through claiming for the PBS.

You will need to allow **10 working days** for the change to take effect.

## For more information

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

For assistance completing this form, email details of your enquiry to [pbsapprovedsuppliers@health.gov.au](mailto:pbsapprovedsuppliers@health.gov.au) 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 must be lodged via the PBS Approved Suppliers Portal (Portal) [PBSApprovedSuppliers.health.gov.au](http://PBSApprovedSuppliers.health.gov.au) by a registered and signed in Portal user.

Further information on how to lodge your form is available at [www.health.gov.au/pbsapprovedsuppliers](http://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 will not be processed.

## 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 processing your notification of an approved pharmacy's bank account details or changes to existing bank account details for the purposes of claiming for the PBS.

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/using-our-websites/website-privacy-policy/privacy-notice-for-the-pbs-approved-suppliers-portal](http://www.health.gov.au/using-our-websites/website-privacy-policy/privacy-notice-for-the-pbs-approved-suppliers-portal).

## Approved pharmacist(s) details

- 1** Details must be provided for all approved pharmacist(s) (i.e. pharmacists and/or company directors and/or friendly society approved representatives).

### Approved pharmacist / director 1

Dr  Mr  Ms  Other

Family name

First given name

### Approved pharmacist / director 2

Dr  Mr  Ms  Other

Family name

First given name

### Approved pharmacist / director 3

Dr  Mr  Ms  Other

Family name

First given name

### Approved pharmacist / director 4

Dr  Mr  Ms  Other

Family name

First given name



If there are more than 4 approved pharmacists and/or directors, attach a separate sheet with details.



## Declaration

This declaration must be signed by all pharmacist(s) and/or directors of the company or friendly society approved under section 90 of the Act to supply PBS medicines at or from the pharmacy premises referred to at question 4.

### 11 I/We authorise:

- payments to be made into the nominated bank account.

### I/We declare that:

- I/we are the pharmacist(s) and/or director(s) of the company or friendly society approved under section 90 of the Act to supply PBS medicines at or from the pharmacy premises referred to at question 4.
- the information I/we have provided in this form is complete and correct.

### I/We understand that:

- giving false or misleading information is a serious offence.

### Approved pharmacist / director 1

Full name

Signature



Date

### Approved pharmacist / director 2

Full name

Signature



Date

### Approved pharmacist / director 3

Full name

Signature



Date

### Approved pharmacist / director 4

Full name

Signature



Date



If there are more than 4 approved pharmacists and/or directors, attach a separate sheet with details.