

SAMPLE ANNUAL DECLARATION FORM

STEP ONE: Check/correct your pre-printed postal address; and provide your email address and phone number

Corrections to Eligibility Certificate Holder's postal address

Provide the Eligibility Certificate Holder's email and phone details.
The Eligibility Certificate will be emailed to this email address

STEP TWO: Formal application for Eligibility Certificate and Pharmacy Business Premises Renewals

Eligibility Holder's Name as specified on EC Certificate

List of all pharmacy business premises to which this Eligibility Certificate applies. **If there are any changes** which might impact on their registration or if details seem incorrect, please provide details. Use back of form if insufficient space.

STEP THREE: Formal declaration and signature


Please **clearly print your name and indicate** whether you are signing as an owner/partner or as the Director of the Body Corporate which holds the Eligibility Certificate

Sign and date the declaration. NOTE that if the Eligibility Certificate is held by a body corporate (Pty Ltd company) **TWO Directors' names and signatures are required.**

Where to return your form with payment. Either attach your cheque or, if paying by direct deposit (which is preferred) please indicate the date the deposit will be made. **Please quote the reference number when you make your deposit**

Authority contact details for enquiries

DIRECT DEPOSIT Reference Numbers. Quote either of these two numbers

 TASMANIAN PHARMACY AUTHORITY Ph: 0417 752 348 ABN: 34 562 572 269		P5555 00000580
ANNUAL ELIGIBILITY CERTIFICATE HOLDER'S DECLARATION and APPLICATION FOR RENEWAL OF PHARMACY BUSINESS PREMISES REGISTRATION		
STEP ONE: CONFIRM YOUR POSTAL, EMAIL & PHONE DETAILS:		
Postal Address: Note any corrections in yellow box		
My Body Corporate Pty Ltd Postal address line 1 Postal address line 2		
Please provide email and phone details:		
Provide your Email address for TPA to use: NB: Your Eligibility Certificate will be emailed to this address once all payments and forms are received.		
EMAIL: _____		
Phone number for TPA to use if we need to contact you:		
PHONE: _____		
STEP TWO: APPLICATION FOR CERTIFICATE RENEWALS:		
1, My Body Corporate Pty Ltd		
i) Apply under s61(E) of the Pharmacy Control Act 2001 for the renewal of the Eligibility Certificate held in this name for 2014-2015; and ii) Apply under s71(K) of the Pharmacy Control Act 2001 for the renewal of the Certificate(s) of Registration of Pharmacy Business Premises for the premises listed below for 2014-2015, being the pharmacies to which this Eligibility Certificate applies:		
Please provide details re any changes or corrections to these premises which may affect their compliance with the Act. Use reverse of form if insufficient space		
B9999 The Named Pharmacy		
STEP THREE: DECLARATION: NB: For a Body Corporate, TWO Directors must sign		
1, _____		
Print Applicant's name		
In my capacity as (delete that which does not apply): EITHER: Owner/partner of the listed businesses OR: Director of this Body Corporate		
Declare that:		
i. To the best of my knowledge, the above particulars are true in every respect;		
ii. I, and, where this relates to a Body Corporate, all Directors of this Body Corporate, hold general registration under the Health Practitioner Regulation National Law (Tasmania) in the Pharmacy Profession;		
iii. Where this relates to a Body Corporate and/or a Trust, none of the Body Corporate Directors or shareholders, and none of the Trust unit holders or beneficiaries have changed from details approved by the Authority;		
iv. To the best of my knowledge, the pharmacy business premises specified comply with the requirements of the Pharmacy Control Act 2001;		
v. To the best of my knowledge, neither I nor any of the shareholders or trust unit holders or beneficiaries (if applicable) have an interest in more than four pharmacy business premises in Tasmania.		
Signature and date		
PLEASE RETURN YOUR COMPLETED FORM TO (Email preferred): TASMANIAN PHARMACY AUTHORITY PO Box 1082, SANDY BAY, TAS 7005 Or EMAIL it to: registrar@pharmacyauthority.tas.gov.au Queries: Ph: 0417 752 348		
1, _____		
Print Applicant's name		
In my capacity as (delete that which does not apply): EITHER: Owner/partner of the listed businesses OR: Director of this Body Corporate		
Declare that:		
i. To the best of my knowledge, the above particulars are true in every respect;		
ii. I, and, where this relates to a Body Corporate, all Directors of this Body Corporate, hold general registration under the Health Practitioner Regulation National Law (Tasmania) in the Pharmacy Profession;		
iii. Where this relates to a Body Corporate and/or a Trust, none of the Body Corporate Directors or shareholders, and none of the Trust unit holders or beneficiaries have changed from details approved by the Authority;		
iv. To the best of my knowledge, the pharmacy business premises specified comply with the requirements of the Pharmacy Control Act 2001;		
v. To the best of my knowledge, neither I nor any of the shareholders or trust unit holders or beneficiaries (if applicable) have an interest in more than four pharmacy business premises in Tasmania.		
Signature and date		
PAYMENT DETAILS: (tick which applies) CHEQUE ENCLOSED DIRECT DEBIT ARRANGED FOR _____/_____/2014		
REFERENCE: P5555 OF: 00000580		