

SECTION 1 - COMPLYING PHARMACY CORPORATION DETAILS		
COMPANY NAME:		
AUSTRALIAN COMPANY NUMBER (ACN) <i>The Company's current extract from the Australian Securities and Investment Commission (ASIC) <u>must be attached.</u></i>		
REGISTERED COMPANY ADDRESS <i>(Property name, Unit, Flat Number, Street Number, Street name)</i>		
CITY / SUBURB / TOWN	STATE / TERRITORY	POSTCODE
REQUIRED INFORMATION <i>(must be provided with form)</i>		
Have you attached a copy of the current ASIC company extract outlining directors and shareholders for the pharmacy corporation?		YES <input type="checkbox"/>
COMPANY DECLARATION		
I, _____, confirm that the information supplied on this page is true and accurate and understand that the provision of false or misleading information is an offence.		
Signature: _____		Date: / /
Position Title: _____		

SECTION 2 – DIRECTOR DETAILS <i>(only a pharmacist may be a director of a complying pharmacy corporation)</i>	
Director 1	
Name:	
Pharmacist registration number:	
Director 2	
Name:	
Pharmacist registration number:	
Director 3	
Name:	
Pharmacist registration number:	
Director 4	
Name:	
Pharmacist registration number:	
Director 5	
Name:	
Pharmacist registration number:	
Director 6	
Name:	
Pharmacist registration number:	

SECTION 3 – SHAREHOLDER DETAILS <i>(A shareholder in a complying pharmacy must be either a pharmacist or a close relative of a pharmacist shareholder)</i>
Shareholder 1
Name:
Pharmacist registration number or relation to pharmacist:
Shareholder 2
Name:
Pharmacist registration number or relation to pharmacist:
Shareholder 3
Name:
Pharmacist registration number or relation to pharmacist:
Shareholder 4
Name:
Pharmacist registration number or relation to pharmacist:
Shareholder 5
Name:
Pharmacist registration number or relation to pharmacist:
Shareholder 6
Name:
Pharmacist registration number or relation to pharmacist:
SECTION 4 – TRUST BENEFICIARY DETAILS <i>(If applicable) (Where a pharmacy corporation acts as a trustee for a trust, all beneficiaries must be either a pharmacist who is a director or employee of the corporation or a close relative of the pharmacist.)</i>
Trustee 1
Name:
Pharmacist registration number or relation to pharmacist:
Trustee 2
Name:
Pharmacist registration number or relation to pharmacist:
Trustee 3
Name:
Pharmacist registration number or relation to pharmacist:
Trustee 4
Name:
Pharmacist registration number or relation to pharmacist:
Trustee 5
Name:
Pharmacist registration number or relation to pharmacist:
Trustee 6
Name:

Pharmacist registration number or relation to pharmacist: