



**SECTION 1 - COMPLYING PHARMACY CORPORATION DETAILS**

**COMPANY NAME:**

**AUSTRALIAN COMPANY NUMBER (ACN)** *The Company's current extract from the Australian Securities and Investment Commission (ASIC) must be attached.*

--	--	--	--	--	--	--	--	--	--

**REGISTERED COMPANY ADDRESS** *(Property name, Unit, Flat Number, Street Number, Street name)*

CITY / SUBURB / TOWN	STATE / TERRITORY	POSTCODE
----------------------	-------------------	----------

--	--	--

**REQUIRED INFORMATION** *(must be provided with form)*

Have you attached a copy of the current ASIC company extract outlining directors and shareholders for the pharmacy corporation? **YES**

**COMPANY DECLARATION**

I, \_\_\_\_\_, confirm that the information supplied in this form 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** *(only a pharmacist may be a director of a complying pharmacy corporation)*

**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 (A shareholder in a complying pharmacy must be either a pharmacist or a close relative of a pharmacist shareholder)**

**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 (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.)**

**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: