

PHARMACY REGULATION AUTHORITY SA

ABN 96 624 565 034

General Manager

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FORM B

**INFORMATION TO BE PROVIDED
BY A
CORPORATE/TRUSTEE
PHARMACY SERVICES PROVIDER**

Health Practitioner Regulation National Law (South Australia) Act 2010

The Pharmacy Regulation Authority SA ('PRASA') is established under the *Health Practitioner Regulation National Law (South Australia) Act 2010* ('the Act') and is tasked with protection of the health and safety of the South Australian public through the achievement and maintenance of high professional standards in the provision of pharmacy services in this state.

This form is intended for use where approval is sought for a new, or changes to an existing approved corporate pharmacy services provider and or a trustee pharmacy services provider.

PRASA requires documentary evidence that the proposed corporate and or trustee arrangements comply with the requirements of the Act. Applicants should familiarise themselves with the Act, the *Health Practitioner Regulation National Law (South Australia) Regulations 2010* ('the Regulations') and PRASA's 'Guidelines for the operation of pharmacy premises by pharmacy services providers' (as updated from time to time) prior to completing this Form, or obtain independent legal advice in relation to their respective obligations.

A 'Corporate and Trustee Pharmacy Services Application Document Checklist' is available at PRASA's website (www.pharmacyauthority.sa.gov.au) to assist you in identifying and providing the appropriate supporting documentation. Please note that the list is not exhaustive, and you should familiarise yourself with your obligations under the Act and or obtain independent legal advice in relation to your obligations under the Act.

1. COMPANY/TRUST CONTACT INFORMATION

(Please complete a separate Form B for each individual corporate and trustee entity)

1.1. **Company/Trust Name:** _____

1.2. **PRASA Registration Number: (if applicable) C:** _____

1.3. **Company/Trust Postal Address: (if applicable)** _____

_____ **State** _____ **Postcode** _____

1.4. **Telephone Number:** _____ **Facsimile Number:** _____

Mobile Number: _____

Email Address: _____

2. RECOGNISED CORPORATE PHARMACY SERVICES PROVIDER

(To be completed if applying to register or make changes to an existing Corporate Pharmacy Services Provider)

(See 'ATTACHMENT B: 1. Recognised Corporate Pharmacy Services Provider')

Under section 26(3) of the Act, a 'recognised corporate pharmacy services provider' is defined as:

- (a) a pharmacist controlled company;
- (b) a friendly society;
- (c) a company that carried on a pharmacy business on 1 August 1942 and has continued to do so since that date other than—
 - (i) Friendly Society Medical Association Limited; or
 - (ii) The Mount Gambier United Friendly Societies Dispensary Limited.

A 'pharmacist controlled company' is defined pursuant to section 26(1) of the Act as a company within the meaning of the Corporations Act 2001 of the Commonwealth in which —

- (a)
 - (i) at least 1 director is a pharmacist; and
 - (ii) every director is either a pharmacist or a prescribed relative of a pharmacist; and
- (b) where each holder of shares, or of a beneficial or legal interest in shares, in the company is—
 - (i) a pharmacist or a prescribed relative of a pharmacist; or
 - (ii) a recognised corporate pharmacy services provider; or
 - (iii) a recognised trustee pharmacy services provider; and
- (c) in which a pharmacist is, or pharmacists are, entitled to control the exercise of at least 50% of the voting power—
 - (i) at meetings of the directors of the company; or
 - (ii) attached to voting shares issued by the company;

A 'prescribed relative' has the meaning under section 26(1) of the Act of a parent, spouse, domestic partner, child, grandchild, brother or sister of the registered pharmacist.

2.1. Attach a copy of a current ASIC extract for the applicant company.

(NB: this should be no older than 1 week at the time of application).

2.2. Full name, address and pharmacist registration number (if applicable) of all directors:

Directors Full Name: _____

Pharmacist Registration Number (if applicable): PHA _____

Address: _____

_____ State: _____ Postcode: _____

Directors Full Name: _____

Pharmacist Registration Number (if applicable): PHA _____

Address: _____

_____ State: _____ Postcode: _____

Directors Full Name: _____

Pharmacist Registration Number (if applicable): PHA _____

Address: _____

_____ State: _____ Postcode: _____

Directors Full Name: _____

Pharmacist Registration Number (if applicable): PHA _____

Address: _____

_____ State: _____ Postcode: _____

Directors Full Name: _____

Pharmacist Registration Number (if applicable): PHA _____

Address: _____

_____ State: _____ Postcode: _____

Directors Full Name: _____

Pharmacist Registration Number (if applicable): PHA _____

Address: _____

_____ State: _____ Postcode: _____

Directors Full Name: _____

Pharmacist Registration Number (if applicable): PHA _____

Address: _____

_____ State: _____ Postcode: _____

(Attach a separate page if more space is required).

2.3. In relation to each Director listed in 2.2 (above), for any person who is a prescribed relative provide details of the nature of the relationship to the nominated registered pharmacist:

Relationship of the Prescribed Relative to the Registered Pharmacist (PHA: _____)

Relationship of the Prescribed Relative to the Registered Pharmacist (PHA: _____)

Relationship of the Prescribed Relative to the Registered Pharmacist (PHA: _____)

Relationship of the Prescribed Relative to the Registered Pharmacist (PHA: _____)

(Attach a separate page if more space is required)

2.4. Number of issued shares in the applicant company: _____

2.5. Full name, residential and postal address and pharmacist registration number (if applicable) for each person (including prescribed relative) or entity, who hold or have a beneficial interest in shares in the applicant company and state the number and nature of shares held by each person or entity.

Shareholder (legal or beneficial) Full Name: _____

_____ Pharmacist Registration Number (if applicable): PHA _____

Residential Address: _____

_____ State: _____ Postcode: _____

Postal Address: _____

_____ State: _____ Postcode: _____

No of shares held: _____ Nominal Value: _____

Class of shares held: _____

Particulars of any voting rights exercisable by the holder at a meeting of shareholders: _____

Shareholder (legal or beneficial) Full Name: _____

_____ Pharmacist Registration Number (if applicable): PHA _____

Residential Address: _____

_____ State: _____ Postcode: _____

Postal Address: _____

_____ State: _____ Postcode: _____

No of shares held: _____ Nominal Value: _____

Class of shares held: _____

Particulars of any voting rights exercisable by the holder at a meeting of shareholders: _____

Shareholder (legal or beneficial) Full Name: _____

_____ Pharmacist Registration Number (if applicable): PHA _____

Residential Address: _____

_____ State: _____ Postcode: _____

Postal Address: _____

_____ State: _____ Postcode: _____

No of shares held: _____ Nominal Value: _____

Class of shares held: _____

Particulars of any voting rights exercisable by the holder at a meeting of shareholders: _____

(Attach a separate page if more space is required).

2.6. Persons occupying a position of authority in corporate applicant

Section 42(4) of the Act provides that in determining the number of pharmacies at which a natural person provides pharmacy services; pharmacies at which the person provides pharmacy services as a natural person and pharmacies at which any body corporate or trust in which the person occupies a position of authority provides pharmacy services must be taken-into-account.

Section 26(5) of the Act provides that a person occupies a position of authority in a recognised corporate (or trust) pharmacy services provider if the person:

- is a **director of the body corporate**; or
- **exercises, or is in a position to exercise, control or substantial influence over the body corporate in the conduct of its affairs**; or
- **manages, or is to manage, the business of the body corporate insofar as that business consists of the provision of pharmacy services**; or
- **where the body corporate is a proprietary company- is a shareholder in the body corporate**;

Section 26(6) of the Act provides that **a person who holds more than 10% of the issued share capital of a public company** will be regarded as a person occupying a position of authority in that company.

Please provide the full names and addresses of all persons occupying a position of authority in the applicant company NOT otherwise listed at 2.2 and 2.5 (above).

Name: _____

Address: _____

_____ State: _____ Postcode: _____

Name: _____

Address: _____

_____ State: _____ Postcode: _____

Name: _____

Address: _____

_____ State: _____ Postcode: _____

(Additional forms should be attached for each individual occupying a position of authority in the applicant company as required).

2.7. Will a Trust or trusts hold a beneficial interest in the shares of the company? If so, please also provide information for the trust(s) at section 3. RECOGNISED TRUSTEE PHARMACY SERVICES PROVIDER.

3. RECOGNISED TRUSTEE PHARMACY SERVICES PROVIDER

(To be completed if applying to register or make changes to an existing approved Trustee Pharmacy Services Provider)

(See 'ATTACHMENT B: 2. *Recognised Trustee Pharmacy Services Provider*')

A 'recognised trustee pharmacy services provider' is defined in section 26(4) of the Act as any pharmacist-controlled trust, whilst section 26(3) of the Act defines a 'pharmacist controlled trust' as a trust where each trustee is—

- (a) a pharmacist; or
- (b) a prescribed relative of a pharmacist as long as at least 1 other trustee is a pharmacist; or
- (c) a pharmacist controlled company; or
- (d) a person of a prescribed class;

3.1. Provide the following information with regard to each applicant Trust proposed to operate in association with the pharmacy business?

3.1.1. Name of the Trust: _____

3.1.2. Name of each Trustee (including any person who is a prescribed relative):

1. _____

_____ Pharmacist Registration Number (if applicable): PHA _____

2. _____

_____ Pharmacist Registration Number (if applicable): PHA _____

3. _____

_____ Pharmacist Registration Number (if applicable): PHA _____

(Attach separate list if more space is required).

3.1.3. Name of each beneficiary or unit holder in the applicant trust:

Name of each beneficiary or unit holder in the applicant trust:

1. _____
2. _____
3. _____
4. _____

(Attach separate list if more space is required).

Important Note: Trust deeds will be examined by an Authority officer for compliance with the Act. If a trust is deemed non-compliant as a 'recognised trustee pharmacy services provider' it may be referred to the Authority's lawyers for preparation of a schedule of amendments, and the applicant will incur an additional fee.. If amendments are required, the amendments must be actioned before the Authority can consider the application(s). See PRASA's 'Guidelines for the operation of pharmacy premises by pharmacy services providers' available at www.pharmacyauthority.sa.gov.au

3.2. In relation to each Trustee listed in 3.1.2 (above) who is a Prescribed Relative of a Registered Pharmacist, also provide:

Relationship of the Prescribed Relative to the Registered Pharmacist (PHA: _____)

Relationship of the Prescribed Relative to the Registered Pharmacist (PHA: _____)

Relationship of the Prescribed Relative to the Registered Pharmacist (PHA: _____)

(Attach a separate page if more space is required).

3.3. Persons occupying a position of authority in applicant trust

Section 26(7) of the Act provides that a person occupies a position of authority in a recognised trustee pharmacy services provider if the person is a trustee or beneficiary of the trust.

Please provide the full names and addresses of any persons occupying a position of authority in the applicant trust not otherwise listed in 3.1 (above).

Name: _____

Address: _____

_____ State: _____ Postcode: _____

Name: _____

Address: _____

_____ State: _____ Postcode: _____

Name: _____

Address: _____

_____ State: _____ Postcode: _____

(Additional forms should be attached for each individual occupying a position of authority in the applicant company as required).

4. OTHER PHARMACY PREMISES AT WHICH PHARMACY BUSINESS IS CONDUCTED

(See 'ATTACHMENT B: 3. Pharmacy Ownership Numbers')

Section 42 of the Act places restrictions on the number of pharmacy businesses that may be operated in SA, as follows:

- Friendly Society Medical Association Limited must not provide pharmacy services at more than 40 pharmacies.
- A person other than a friendly society must not provide pharmacy services at more than 6 pharmacies.
- A friendly society other than the Friendly Society Medical Association Limited must not commence to provide pharmacy services at a pharmacy if friendly societies other than Friendly Society Medical Association Limited already provide pharmacy services at 9 pharmacies.

4.1. List below the name of every pharmacy business at which the applicant company or trust currently provides pharmacy services. If the pharmacy business is a partnership, you must list all partners including any corporate and trustee entities.

Pharmacy Business Name: _____

_____ Pharmacy Premises Registration Number: P _____

Person(s) Operating Pharmacy Business: _____

Pharmacy Business Name: _____

_____ Pharmacy Premises Registration Number: P _____

Person(s) Operating Pharmacy Business: _____

Pharmacy Business Name: _____

_____ Pharmacy Premises Registration Number: P _____

Person(s) Operating Pharmacy Business: _____

(Attach additional forms as required for any additional pharmacy business).

5. STATEMENT REGARDING PROPRIETARY INTEREST IN A PHARMACY BUSINESS.

A 'proprietary interest' has the meaning as outlined in sections 26(1) and (2) of the Act and includes an interest as a sole proprietor, a partner, as a director, member or shareholder of a company and as a trustee or beneficiary of a trust.

A person will also be taken to hold a proprietary interest in a pharmacy business if in the course of carrying on a business, the person:

- ***provides a benefit to another for which the person is entitled to receive the profits or income, or a share in the profits or income, of a pharmacy business;*** or
- ***under a franchise or other commercial arrangement, the person has a right to receive consideration that varies according to the profits or income of a pharmacy business.***

5.1. Does the applicant company or trust currently own or have a proprietary interest in any pharmacy business other than those listed at 4.1 (above)?

When answering this question, applicants must consider any arrangement or understanding, whether formal or informal.

YES OR NO (Circle one)

*If you answered YES to this question, you must provide a copy of the document giving rise to the interest or, if not in printed form, information explaining the arrangement.

6. DECLARATION

I solemnly and sincerely declare that:

I am authorised by the company/trust to make this application on its behalf and that the statements made in this application are true and correct in every particular to the best of my knowledge and belief,

- the applicant has and will maintain professional indemnity insurance cover of \$20 million or more against civil liabilities that might be incurred by the recognised corporate/trustee pharmacy services provider
- I have provided a copy of the company constitution and/or trust deeds and any other relevant documentation and information; and

I make this solemn declaration conscientiously believing the same to be true and by the virtue of the provisions of the *Oaths Act 1936* and I understand that it is an offence to make a false declaration under the *Oaths Act 1936* punishable by up to four years imprisonment and may also result in a breach of section 65 of the Act which carries a maximum penalty of \$20,000.

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Signature	Name (PRINT clearly)	Date (dd/mm/yy)
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Declare at _____

this the _____ day of _____ in the year _____

Witnessed before me _____ (see below)

Tick whichever is applicable

- | | |
|--|--|
| A Justice of the Peace | A Notary Public |
| A Commissioner for Taking Affidavits
(includes solicitors on the role of
Practitioners of the Supreme Court) | A Proclaimed Member of the Police Force- |

** If attested by a Proclaimed Police Office, include the name of town or place where stationed.

7. PAYMENT

Amount Payable is \$535.00

This fee is exempt from GST (Division 81).

A receipt will be emailed to the company / trust email address.

Tick the appropriate payment type.

Cheque

EFTPOS (in person)

CASH (in person)

Mastercard/Visa

No other card types are accepted

Card Number

Card Expiry (MM/YY)

Name on the Card

Signature of Cardholder

Date