



**Form VP31**

**Victorian Pharmacy Authority**

Level 2, 15-31 Pelham St

Carlton Vic 3053

Tel: 03 9653 1700

Email: [applications@pharmacy.vic.gov.au](mailto:applications@pharmacy.vic.gov.au)

**NOTIFICATION OF A CHANGE TO COMMERCIAL  
ARRANGEMENTS FOR A PHARMACY BUSINESS**

*PHARMACY REGULATION ACT 2010 (THE ACT)*

**INFORMATION SHEET**

The *Pharmacy Regulation Act 2010* (Vic) places restrictions on:

- who can own or have a proprietary interest in a pharmacy business; and
- who can control or influence the way in which a pharmacy business is carried on.

Pharmacy business owners may engage other person(s) or entities to provide management, marketing, franchising and other commercial services to a pharmacy business provided:

- 1) the person or entity does not enjoy any ownership or proprietary interest in the pharmacy business; and
- 2) the person or entity is not given the right to:
  - control the manner in which the pharmacy business is carried on;
  - access books of accounts or records kept with respect to the business;
  - receive any consideration that varies in accordance with the profits or takings of the business.

It is a condition of all licenses that the licensee must inform the Authority of any changes to the commercial arrangements pursuant to which a pharmacy business is conducted or proposed to be conducted **prior to those changes taking effect.**

Notifications are required in cases of proposed new/changed:

- Company details (refer to separate forms VP37a, VP39a on the VPA website);
- Partnership agreement or composition of partners;
- Licence agreements;
- Management/Marketing/Service agreements;
- Franchise agreements;
- Trusts, including:
  - Changes to trust deeds or declaration(s) of trust;
  - Changes to beneficiaries or classes of beneficiaries;
  - Changes to the trustee(s), appointer(s) or guardian of the trust(s);
  - The establishment of any new or further trusts in connection with a pharmacy business.

Where a trust is involved in the ownership of a pharmacy business or any proprietary interest in the pharmacy business is held pursuant to a discretionary trust, the licensee must inform the Authority of any distribution made to a beneficiary under the trust, within 14 days of such distribution occurring.

This form is to assist licensees to notify the Authority when a pharmacy business changes an existing arrangement or enters into any new commercial arrangement relating to that business.

**The Authority may revoke a licence if the licensee fails to inform it of any changes to the commercial arrangements pursuant to which the pharmacy business is operated or proposed to be operated.**



**Form VP31**

**Victorian Pharmacy Authority**

Level 2, 15-31 Pelham St

Carlton Vic 3053

Tel: 03 9653 1700

Email: [applications@pharmacy.vic.gov.au](mailto:applications@pharmacy.vic.gov.au)

**NOTIFICATION OF A CHANGE TO COMMERCIAL  
ARRANGEMENTS FOR A PHARMACY BUSINESS**

*PHARMACY REGULATION ACT 2010 (THE ACT)*

No fee is required with this notification. Please use ONE form per Pharmacy Business

***Under the Oaths and Affirmations Act 2018, it is an offence to make a statement in a statutory declaration that the person knows to be untrue. A person who commits that offence can be liable to a maximum penalty: 600 penalty units or imprisonment for 5 years or both.***

*Personal information on this form is collected for the primary purpose of administering the Act. Personal information will not be disclosed to any other person or agency unless you have given us permission, or we are required or authorised by law. For further information on collection and disclosure of personal information by the Authority, or how to request access or correction to your personal information, please refer to the Authority's Privacy Collection Notice and Privacy Policy.*

**FORM IS TO BE COMPLETED BY THE OWNER(S) OF THE PHARMACY BUSINESS**

**1. Type of Business**

Sole Proprietor     Partnership     Other (Specify)

**2. Name of the owner(s) of the pharmacy business:**

Natural Person:

Pharmacist Registration No:

**AND/OR**

Company Name:

ACN:

*(Attach a separate list if more space is required).*

**3. Name and address of the premises at which the pharmacy business is carried on:**

Pharmacy Name:

Address:

P/Code:

4. Contact Details (for correspondence relating to this notification):

Name:

.....

Address:

.....

.....

P/Code:

Phone/Mobile:

.....

Email:

.....

5. Indicate the reason for your notification (Tick all that apply) and attach all relevant documents:

- New/changed Licence Agreement;
- New/changed Franchise Agreement;
- New/changed Service/Management/Marketing Agreement;
- New/changed Partnership arrangements;
- New/changed Trust(s) associated with Ownership of Business;
- Distribution made to a beneficiary under a trust;
- Other.

If 'Other' specify:

.....

.....

6. If notification is related to Trust Deed(s), list:

(i) The name of the Trust:

.....

(ii) The name of the Trustee:

.....

(iii) The name of each beneficiary or unit holder:

.....

.....

.....

.....

*(Attach separate list if more space is required)*

**7. List all documents attached to this notification**

Document Description	Tick documents attached.	Document Name
ASIC Company Extract (dated within 5 business days of notification)	<input type="checkbox"/>	
Change of Pharmacy Business Name	<input type="checkbox"/>	
Licence Agreement	<input type="checkbox"/>	
Franchise Agreement	<input type="checkbox"/>	
Marketing Agreement	<input type="checkbox"/>	
Management Agreement	<input type="checkbox"/>	
Service Agreement	<input type="checkbox"/>	
Partnership Agreement	<input type="checkbox"/>	
Trust Deed(s) and any Deeds of Variation to the Trust Deed(s)	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
	<input type="checkbox"/>	

There is no fee payable with this notification, however, please note the following:

**IMPORTANT INFORMATION – ADDITIONAL TRUST OR OTHER COMMERCIAL ARRANGEMENT ASSESSMENT / FEE PAYMENT**

*All commercial agreements including trust deeds will be examined by an Authority officer for an initial assessment for compliance with the Act. If the document initially appears to be non-compliant, a more detailed assessment may be required (**Further Assessment**). This process includes a closer review of the document in question and the preparation of a schedule of suggested amendments to bring the document into compliance with the Act. The licensee(s) will incur an additional fee for this Further Assessment of **\$1,900.00 per commercial document required to be Further Assessed** (exempt from GST).*

**The Authority will contact the licensee(s) regarding payment of this additional assessment fee if required.**

*Please note that the Further Assessment and any suggested amendments or comments arising from it do not constitute legal advice, and will relate **only** to the issue of compliance with the Act.*

*Licensees will need to consider for themselves, or seek legal advice regarding, the effect of any amendments in the context of the proposed commercial arrangements as a whole.*

See commercial arrangement guidance available at [www.pharmacy.vic.gov.au](http://www.pharmacy.vic.gov.au).

**STATUTORY DECLARATION  
BY LICENSEE WHO IS A NATURAL PERSON**

Insert the name, address and occupation of the person making the declaration	<p>I, _____ (The name of licensee completing the notification)</p> <p>of _____ (Address)</p> <p>_____ (Occupation)</p>
The matter declared	<p>make the following statutory declaration under the Oaths and Affirmations Act 2018:</p> <ol style="list-style-type: none"> <li>1. <b>All</b> the information included in this form is true to the best of my knowledge and is in no way false, inaccurate, or misleading, and I have not omitted any relevant information from this notification, and</li> <li>2. I am familiar with the <i>Pharmacy Regulation Act 2010</i>.</li> </ol> <p><b>I declare that the contents of this statutory declaration are true and correct and I make it knowing that making a statutory declaration that I know to be untrue is an offence.</b></p>
Signature of person making the declaration	_____ (Signature)
Place (City, town or suburb)	<b>Declared at</b> _____ In the state of Victoria
Date	On: _____
Signature of authorised statutory declaration witness	<p><b>I am an authorised statutory declaration witness and I sign this document in the presence of the person making the declaration:</b></p> <p>_____ (Signature of Statutory Declaration witness)</p>
Date	On: _____ (Date)
Name, capacity in which authorised person has authority to witness statutory declaration, and address (writing, typing or stamp)	_____ (Name)
	_____ (Capacity in which authorised person has authority to witness statutory declaration)
	_____ (Address)
	_____ (Address)
	A person authorised under section 30(2) of the Oaths and Affirmations Act 2018 to witness the signing of a statutory declaration

**STATUTORY DECLARATION  
BY DIRECTOR/SECRETARY OF COMPANY LICENSEE**

Insert the name, address and occupation of the person making the declaration	I,	
		(The name of person completing notification)
		(Title e.g. Director or Shareholder of Company)
		(Company Name)
	of	
	(Address)	
	(Address)	
	(Occupation)	
The matter declared	make the following statutory declaration under the Oaths and Affirmations Act 2018:	
	1. <b>All</b> the information included in Section 3 of the application is true to the best of my knowledge and is in no way false, inaccurate, or misleading, and I have not omitted any relevant information from this notification, and	
	2. I am familiar with the <i>Pharmacy Regulation Act 2010</i> .	
	<b>I declare that the contents of this statutory declaration are true and correct and I make it knowing that making a statutory declaration that I know to be untrue is an offence.</b>	
Signature of person making the declaration		(Signature)
Place (City, town or suburb)	<b>Declared at</b>	In the state of Victoria
Date	On:	
Signature of authorised statutory declaration witness	<b>I am an authorised statutory declaration witness and I sign this document in the presence of the person making the declaration:</b>	
		(Signature of Statutory Declaration witness)
Date	On:	(Date)
Name, capacity in which authorised person has authority to witness statutory declaration, and address (writing, typing or stamp)		(Name)
		(Capacity in which authorised person has authority to witness statutory declaration)
		(Address)
		(Address)
	A person authorised under section 30(2) of the Oaths and Affirmations Act 2018 to witness the signing of a statutory declaration.	