



Victorian Pharmacy Authority

Level 2, 15-31 Pelham St

Carlton Vic 3053

Tel: 03 9653 1700

Email: applications@pharmacy.vic.gov.au

APPLICATION FOR A LICENCE TO CARRY ON A PHARMACY BUSINESS

[SECTION 36 PHARMACY REGULATION ACT 2010]

INFORMATION SHEET

Applicants should complete the application form that corresponds to their eligibility status.

Applications may be lodged by post or email. Faxed applications will not be accepted. If emailed, separate documents are to be submitted as separate PDF files. Emailed applications may only be sent to applications@pharmacy.vic.gov.au.

A separate application is required for each business premises in which the applicant seeks a licence to carry on a pharmacy business.

Form VP11 – to be completed when the applicant is a registered pharmacist.

Form VP12 – to be completed when the applicant is a company registered under the Corporations Act:

- (i) whose directors are all registered pharmacists; and
- (ii) in which all the shares and the beneficial and legal interest in those shares are held by registered pharmacists.

Form VP13 – to be completed when the applicant is a company registered under the Corporations Act that:

- (i) immediately before 1 July 1999 was registered or incorporated as a Friendly Society under a Friendly Societies Code of a State or Territory that was in force at that time; and
- (ii) is a company limited by guarantee or shares or by guarantee and shares; and
- (iii) has at least 100 members; and
- (iv) whose members have equal voting rights on a poll or at a meeting or equal voting rights to elect a representative to vote on their behalf; and
- (v) whose objects include the provision of health or welfare facilities or services for its members or their dependants; and
- (vi) whose undistributed surplus if the company were wound up is to be distributed among its members at the time of winding up or transferred to another person or body with a similar structure and objects; and
- (vii) is able to satisfy the Authority that:
 - the company is not carrying on business for the dominant purpose of securing a profit or pecuniary gain for its members; and
 - any object or intention of the company to provide a dividend to its shareholders or members is a limited and not dominant purpose of the company; and
 - the property and income of the company is applied towards the objects of the company

Form VP14 – to be completed when the applicant is a company registered under the Corporations Act that is a wholly owned subsidiary of a company referred to in VP13 above

Form VP15 – to be completed when the applicant is a company registered under the Corporations Act that-

- (i) satisfies the requirements of VP13 (ii) to (vii) above; and
- (ii) is an amalgamation of 2 or more companies that comply with VP13 above.

Form VP 17 – To be completed when the applicant is a registered funded agency, registered community health centre, private hospital, or privately-operated hospital within the meaning of the Health Services Act 1988 that is acting in accordance with the provisions of the Health Services Act 1988.

Any other entity should contact the office of the Victorian Pharmacy Authority for further information regarding the appropriate application process.



Victorian Pharmacy Authority

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Form VP12

APPLICATION FOR A LICENCE TO CARRY ON A PHARMACY BUSINESS

[SECTION 36 PHARMACY REGULATION ACT 2010 (THE ACT)]

To be completed when the applicant is a company registered under the Corporations Act:

- (i) whose directors are all registered pharmacists; and
- (ii) in which all the shares and the beneficial and legal interest in those shares are held by registered pharmacists.

A statutory application fee is required with this application.

The application fee covers the assessment of the application including an inspection of the pharmacy. The fee does not cover the statutory annual licence fee.

This document must be read in conjunction with all applicable codes of conduct and standards as prepared, or endorsed, by the Victorian Pharmacy Authority (the Authority). Applicants should also have regard to the Victorian Pharmacy Authority Guidelines (as updated from time to time) and familiarise themselves with the provisions of the Act before completing this form.

Section 1 is completed by a director of the company.

Section 2 is completed by natural person who is either director or shareholder of the applicant company, a beneficiary or unit holder of a trust or the director or shareholder of company that is a beneficiary of a trust associated with the pharmacy business.

Section 3 is completed by a director or office holder of each company that is a beneficiary of a trust associated with the 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.

Section 1: (to be completed by Director)

APPLICANT AND PHARMACY DETAILS

1.1 Name of company and registered address:

Name of Company:

.....

Address of registered office:

.....

.....

.....

P/Code

.....

Email:

.....

State where you would like all CORRESPONDENCE in relation to this application to be sent.

Name:

Address:

..... **P/Code:**

Phone/Mobile: **Fax:**

Email:

1.2 Number of shares issued:

1.3 Details of all directors:

Title: **Name:**

AHPRA Registration Number: **Date of Birth:**

Residential Address:

..... **P/Code**

Personal Email: **Mobile Telephone number:**

Title: **Name:**

AHPRA Registration Number: **Date of Birth:**

Residential Address:

..... **P/Code**

Personal Email: **Mobile Telephone number:**

Title: **Name:**

AHPRA Registration Number: **Date of Birth:**

Residential Address:

..... **P/Code**

Personal Email: **Mobile Telephone number:**

(Attach a complete separate list if more than 3 Directors)

1.4 Details of all persons (including directors) who hold or have a beneficial interest in shares and number of shares held:

Title: Name:

AHPRA Registration Number: Date of Birth:

Residential Address:

P/Code No. of Shares:

Personal Email: Mobile Telephone number:

Title: Name:

AHPRA Registration Number: Date of Birth:

Residential Address:

P/Code No. of Shares:

Personal Email: Mobile Telephone number:

Title: Name:

AHPRA Registration Number: Date of Birth:

Residential Address:

P/Code No. of Shares:

Personal Email: Mobile Telephone number:

(Attach a complete separate list if more than 3 Shareholders)

1.5 Attach a copy of a current ASIC Company Extract of the company listed above

(Refer www.asic.gov.au)

Note: The ASIC Company extract should be dated within 5 business days of lodging the application. It provides details on the office bearers and shareholders.

1.6 Indicate the reason for your application:

The company is intending to (Tick one):

- Establish a new pharmacy business, or
- Relocate your existing pharmacy business to new premises, or
- Purchase an existing pharmacy business, or
- Purchase a partnership in an existing pharmacy business, or
- Other.

If Other, specify: _____

1.7 Trading name and address of the premises at which the pharmacy business is to be carried on:

Trading Name: _____

Address: _____

P/Code _____

Important Note: The applicant must not establish or carry on a pharmacy business until the Authority has registered the premises of the pharmacy business. If the Authority has not registered the premises you may apply for registration by submitting a **VP21 - Application for registration of pharmacy premises**. The application form may be obtained from the Authority's offices or website [www.pharmacy.vic.gov.au].

1.8 If relocating the pharmacy business from existing premises, state the address of the existing premises at which the business is carried on.

Address: _____

P/Code _____

1.9 If you are purchasing an existing pharmacy business, or a partnership in an existing pharmacy business, attach a copy of the sale agreement documentation.

Type of document attached:

- Contract of Sale;
- Sale Agreement;
- Bill of Sale;
- Other.

If Other, specify: _____

1.10 Does the Applicant Company own or have a proprietary interest in any other pharmacy business in Victoria? (*‘Proprietary interest’ means a legal or beneficial interest and includes a proprietary interest as a sole proprietor, as a partner, as a director, member or shareholder of a company and as a trustee or beneficiary of a trust).*

(Tick one)

Yes

No (Go to Question 1.11)

If “YES” list name and address of each such business:

(i) Name: _____

Address: _____

P/Code _____

(ii) Name: _____

Address: _____

P/Code _____

(iii) Name: _____

Address: _____

P/Code _____

(iv) Name: _____

Address: _____

P/Code _____

(v) Name: _____

Address: _____

P/Code _____

OWNERSHIP STRUCTURE

1.11 Indicate if the applicant company intends to carry on the pharmacy business as a sole proprietor or in partnership with other persons and or registered companies? (A partnership is an association of 2 or more persons or companies who carry on a business and distribute profits or losses between themselves).

(Tick one)

Sole proprietor (Go to Question 1.13)

In partnership

If in partnership, list the names of the other partners:

1.12 Attach a copy of the Partnership Agreement and any Deed of Variation.

Type of document(s) attached:

- Partnership Agreement;
- Deed of Variation to Partnership Agreement;
- Other.

If Other, specify: _____

If there is a partnership without a written Partnership Agreement provide full details:

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

1.13 Will a Trust or Trusts operate in association with the applicant’s ownership of the pharmacy business?

(Tick one)

- Yes
- No (Go to Question 1.14)

If YES: Attach a copy of each Trust Deed, and any Deed(s) of Variation to the Trust Deed, and list for each Trust:

(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)

1.14 Will any persons or company own or have a proprietary interest in the pharmacy business other than those listed at:

Section 1: Items 1.3, 1.4, 1.11, 1.13 (ii) and 1.13 (iii)

Section 2: Items 2.4 (ii) and 2.4 (iii)

Section 3: Items 3.7 (ii) and 3.7 (iii)

(‘Proprietary interest’ means a legal or beneficial interest and includes a proprietary interest as a sole proprietor, as a partner, as a director, member or shareholder of a company and as a trustee or beneficiary of a trust.)

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

You must provide a copy of the document giving rise to the interest or, if not in printed form, information explaining the arrangement.

(Tick one)

Yes

No (Go to Question 1.16)

If YES, please list names of persons or companies not listed in 1.3, 1.4, 1.11, 1.13(ii) or 1.13 (iii) and explain the nature of the relationship or interest.

Name: _____

Address: _____

P/Code

Email: _____

Mobile
Telephone
Number:

Nature of the relationship or interest:

Name: _____

Address: _____

P/Code

Email: _____

Mobile
Telephone
Number:

Nature of the relationship or interest:

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

1.15 If you have answered “YES” to question 1.14, attach an ownership structure diagram together with a separate written summary of the structure.

RIGHT OF OCCUPANCY

1.16 Attach all documents that give you the right to occupy and conduct a pharmacy business in the premises listed at question 1.7 above.

Note: Generally, a head lease is required if the property is not owned by the applicant. The document(s) attached need to provide a link between the landlord and the applicant.

Type of document(s) attached:

- Title to the Property;
- Head Lease;
- Transfer of Lease;
- Variation of Lease;
- Sub-Lease;
- Transfer of Sub-Lease;
- Occupancy licence;
- Other

If Other, specify: _____

FINANCE

1.17 Provide details on how the company intends to fund the purchase or establishment of the proposed pharmacy business and attach the relevant documentation:

Source of finance	Amount	Document(s) Attached
Loan	\$	<input type="checkbox"/> Loan Agreement <input type="checkbox"/> Loan Deed <input type="checkbox"/> Loan Guarantee
Mortgage	\$	<input type="checkbox"/> Mortgage Agreement
Self-funded	\$	<input type="checkbox"/> Bank Account Statement showing sufficient funds
Other	\$	
Total	\$	

If Other, provide details: _____

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

1.18 If any such finance agreement or arrangement is not in writing, provide details.

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

COMMERCIAL ARRANGEMENTS

1.19 Does the applicant company intend to carry on the pharmacy business as a franchisee, i.e. does it intend to carry on the pharmacy business pursuant to a Franchise Agreement?

(Tick one)

Yes

No (Go to Question 1.21)

1.20 If Yes, attach a copy of the Franchise Agreement. *(If you are unable to attach a copy of any agreement state why and when it will be forwarded).*

1.21 Does the applicant company intend to carry on the pharmacy business pursuant to a licence agreement, i.e. do you intend to carry on the pharmacy business pursuant to a licence granted to the applicant company by a commercial entity?

(Tick one)

Yes

No (Go to Question 1.23)

1.22 If Yes, attach a copy of the Licence Deed or Agreement. *(If you are unable to attach a copy of any agreement state why and when it will be forwarded.).*

1.23 Does the applicant company intend to carry on the pharmacy business pursuant to an arrangement or agreement (other than a Franchise agreement or Licence) with any company or person that relates to the carrying on of the pharmacy business (for example, but not limited to an agreement with a marketing company, a management company, or a service company)?

(Tick one)

Yes

No (Go to Question 1.24)

If “YES” list and attach a copy of each arrangement or agreement. *(If you are unable to attach a copy of any agreement or arrangement state why and when it will be available).*

If any such agreement or arrangement is not in writing, provide details.

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

PROVISION OF INFORMATION TO THE DEPARTMENT OF HEALTH (DOH)

1.24 Do you permit the VPA to provide to DOH any copies of letters that advise the applicant that their application has been approved or that a licence has been granted. DOH may have regard to the information provided when considering the granting of a PBS approval number.

(Tick one)

- Yes
 No

Note:

- If you answer **NO**, the Authority will not forward correspondence to the DoH.
- The Authority assumes no responsibility for sharing information with the DoH and does so as a courtesy to the Applicant only.

DOCUMENTS REQUIRED

1.25 Specify the documents you have provided in relation to Section 1 by completing the table provided in Appendix 2.

STATUTORY DECLARATION

Application – Section 1

Insert the name, address and occupation of the person making the declaration	I, _____ <div style="text-align: right;">(The name of the person completing Section 1)</div> <div style="text-align: right;">(Title e.g. Director or Secretary)</div> <div style="text-align: right;">(Name of Company)</div> of _____ <div style="text-align: right;">(Address)</div> <div style="text-align: right;">(Address)</div> <div style="text-align: right;">(Occupation)</div>
The matter declared	make the following statutory declaration under the Oaths and Affirmations Act 2018: 1. All the information included in Section 1 of the application is true to the best of my knowledge and is in no way false, inaccurate, or misleading; 2. I have not omitted any relevant information from this application; and 3. I will conduct the pharmacy business in accordance with the <i>Pharmacy Regulation Act 2010</i> . 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.
Signature of person making the declaration	_____ <div style="text-align: right;">(Signature)</div>
Place (City, town or suburb)	Declared at _____ In the state of Victoria
Date	On: _____
Signature of authorised statutory declaration witness	I am an authorised statutory declaration witness and I sign this document in the presence of the person making the declaration: _____ <div style="text-align: right;">(Signature of Statutory Declaration witness)</div>
Date	On: _____ <div style="text-align: right;">(Date)</div>
Name, capacity in which authorised person has authority to witness statutory declaration, and address (writing, typing or stamp)	_____ <div style="text-align: right;">(Name)</div> <div style="text-align: right;">(Capacity in which authorised person has authority to witness statutory declaration)</div> <div style="text-align: right;">(Address)</div> <div style="text-align: right;">(Address)</div>
	A person authorised under section 30(2) of the Oaths and Affirmations Act 2018 to witness the signing of a statutory declaration

Section 2: (to be completed SEPARATELY by each natural person who is one or more of the following:

- a. a director of the applicant company,
- b. a shareholder of the applicant company,
- c. a beneficiary or unit holder of a trust associated with the pharmacy business),
- d. a director of a company that is a beneficiary or unit holder of a trust associated with the pharmacy business,
- e. a shareholder of a company that is a beneficiary or unit holder of a trust associated with the pharmacy business).

2.1 Name, registered address and pharmacist registration number of beneficiary/unit holder/director/shareholder:

Name: _____ AHPRA Registration No: _____

Residential Address: _____

_____ P/Code

Personal Email: _____ Mobile Telephone number: _____

2.2 Attach certified documents providing 100 points of identification. Refer to Appendix 1 for details.

2.3 List the business or trading name and address of every pharmacy business that you own or in which you have a proprietary interest. ('Proprietary interest' means a legal or beneficial interest and includes a proprietary interest as a sole proprietor, as a partner, as a director, member or shareholder of a company and as a trustee or beneficiary of a trust).

If none, tick the box below:

None

(i) Name: _____

Address: _____

_____ P/Code

(ii) Name: _____

Address: _____

_____ P/Code

(iii) Name: _____

Address: _____

_____ P/Code

(iv) Name: _____

Address: _____

P/Code

(Attach separate list if more space is required).

2.4 Will you (the natural person listed at 2.1) be the Trustee of a Trust that operates in association with the pharmacy business?

(Tick one)

Yes

No (Go to Section 2 Statutory Declaration)

If YES: Attach a copy of each Trust Deed, and any Deed(s) of Variation to the Trust Deed, and list for each Trust:

(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)

CRIMINAL HISTORY

2.5 Have you been convicted of an offence against this Act or the regulations or similar Acts or regulations in other jurisdictions? If Yes, provide details.

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

.....
.....

2.6 Have you been found guilty of an offence that may affect your suitability to carry on a pharmacy business or pharmacy department? If Yes, provide details.

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

.....
.....

STATUTORY DECLARATION

Application – Section 2

Insert the name, address and occupation of the person making the declaration	I, _____ <div style="text-align: right;">(The name of person completing Section 2)</div>
	_____ (Title e.g. Director or Secretary)
	_____ (Name of Company)
	of _____ (Address)
	_____ (Address)
	_____ (Occupation)
The matter declared	make the following statutory declaration under the Oaths and Affirmations Act 2018: 1. All the information included in Section 2 of the application is true to the best of my knowledge and is in no way false, inaccurate, or misleading; 2. I have not omitted any relevant information from this application; and 3. I will conduct the pharmacy business in accordance with the <i>Pharmacy Regulation Act 2010</i> . 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.
Signature of person making the declaration	_____ (Signature)
Place (City, town or suburb)	Declared at _____ In the state of Victoria
Date	On: _____
Signature of authorised statutory declaration witness	I am an authorised statutory declaration witness and I sign this document in the presence of the person making the declaration:
	_____ (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

Section 3: To be completed SEPARATELY by a Director or the Secretary of each company that is a beneficiary or unit holder of a trust associated with the pharmacy business.

3.1 Name and registered address of the company that is a beneficiary or unit holder:

Name: _____

Address: _____

P/Code _____

3.2 Number of shares issued: _____

3.3 Name, address and pharmacist registration number of all directors:

Name: _____ AHPRA Registration No: _____

Residential Address: _____

P/Code _____

Personal Email: _____ Mobile Telephone number: _____

Name: _____ AHPRA Registration No: _____

Residential Address: _____

P/Code _____

Personal Email: _____ Mobile Telephone number: _____

Name: _____ AHPRA Registration No: _____

Residential Address: _____

_____ P/Code

Personal Email: _____ Mobile Telephone number: _____

(Attach a complete separate list if more than 3 Directors)

3.4 Name, address and pharmacist registration number of all persons (including directors) who hold or have a beneficial interest in shares and state the number of shares held.

Name AHPRA
Registration No.

Address

No of shares

Personal email

Mobile
Telephone No:

Name AHPRA
Registration No.

Address

No of shares

Personal email

Mobile
Telephone No:

Name AHPRA
Registration No.

Address

No of shares

Personal email

Mobile
Telephone No:

(Attach a complete separate list if more than 3 Shareholders)

3.5 Attach a copy of a current ASIC Company Extract of the company listed at 3.1 above.
(Refer www.asic.gov.au)

Note: The ASIC Company extract should be dated within 5 business days of lodging the application. It provides details on the office bearers and shareholders.

3.6 Does the Company listed at 3.1 above own or have a proprietary interest in any other pharmacy business? ('Proprietary interest' means a legal or beneficial interest and includes a proprietary interest as a sole proprietor, as a partner, as a director, member or shareholder of a company and as a trustee or beneficiary of a trust).

(Tick one)

Yes

No (Go to Question 3.7)

If "YES" list name and address of each such business:

(i) Name:

Address:

P/Code

(ii) Name:

Address:

P/Code

(iii) Name: _____
Address: _____
P/Code _____

3.7 Will the Company listed at 3.1 be the Trustee of a Trust.

(Tick one)

- Yes
- No (Go to Section 3 Statutory Declaration)

If YES: Attach a copy of each Trust Deed, and any Deed(s) of Variation to the Trust Deed, and list for each Trust:

(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)

STATUTORY DECLARATION

Application – Section 3

Insert the name, address and occupation of the person making the declaration	I,		
		(The name of person completing Section 3)	
		(Title e.g. Director or Shareholder of Company)	
		(Company Name)	
	of		
		(Address)	
		(Address)	
The matter declared		(Occupation)	
	make the following statutory declaration under the Oaths and Affirmations Act 2018:		
	1. All 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; 2. I have not omitted any relevant information from this application; and 3. I am familiar with the requirements of the <i>Pharmacy Regulation Act 2010</i> .		
	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.		
Signature of person making the declaration		(Signature)	
Place (City, town or suburb)	Declared at	In the state of Victoria	
Date	On:		
Signature of authorised statutory declaration witness	I am an authorised statutory declaration witness and I sign this document in the presence of the person making the declaration:		
Date	On:	(Signature of Statutory Declaration witness)	
Name, capacity in which authorised person has authority to witness statutory declaration, and address (writing, typing or stamp)		(Date)	
		(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.		

APPLICATION FEE

The statutory application fee for a standard application is \$340.00

The statutory application fee for a complex application is \$720.00

Fees are exempt from GST (Division 81) and valid for the period of 1 May 2020 to 30 April 2021.

An application is deemed to be complex if you propose to carry on the pharmacy business pursuant to one or more of:

- **partnership agreement;**
- **franchise agreement;**
- **licence agreement (including occupancy licence);**
- **trust; or**
- **any other agreement or arrangement (for example, but not limited to an agreement with a marketing company, a management company, or a service company).**

Refer to Appendix 2.

HOW TO PAY APPLICATION FEE

Please go to the Victorian Pharmacy Authority website www.pharmacy.vic.gov.au to pay the application fee under “Forms/Payments”.

Email the completed form & payment receipt together to applications@pharmacy.vic.gov.au

Note: This application will not be processed unless the correct application payment receipt is attached.

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 applicant will incur an additional fee for this Further Assessment of **\$1,900.00 per commercial document required to be Further Assessed** (exempt from GST).*

If the applicant does not wish to proceed with the Further Assessment, then the application will be considered by the Authority in its current form.

*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.*

Applicants 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.

Please also note that the Further Assessment does not guarantee that the Authority will ultimately approve the proposed commercial arrangements.

See commercial arrangement guidance available at www.pharmacy.vic.gov.au.



100 Points of Identification Guidelines

100 Points of Identification Documents

At least one identity document supplied must contain a colour photograph.

1.1 Primary Documents

POINT VALUE	AT LEAST <u>ONE</u> DOCUMENT MUST BE SUPPLIED FROM THE FOLLOWING (<u>NO</u> ADDITIONAL POINTS FOR MULTIPLE DOCUMENTS)
70 points	<input type="checkbox"/> Birth Certificate; or <input type="checkbox"/> Citizenship Certificate; or <input type="checkbox"/> Current Passport; or <input type="checkbox"/> Expired Passport, which has not been cancelled and was current within the preceding two years; or <input type="checkbox"/> Other document having the same characteristics as a passport. Tick documents supplied

1.2 Secondary Documents

POINT VALUE	ONLY <u>ONE</u> DOCUMENT FROM <u>EACH</u> CATEGORY MAY BE USED FOR THE REMAINING 30 POINTS THAT ARE REQUIRED TO ESTABLISH IDENTITY
40 points	Document - must have a photograph and a name <input type="checkbox"/> Driver's Licence issued by an Australian State or Territory; or <input type="checkbox"/> Licence or permit issued under a law of the Commonwealth, State or Territory Government - (e.g. a boat licence); or <input type="checkbox"/> Identification card issued to a public employee; or <input type="checkbox"/> Identification card issued by the Commonwealth, State or Territory Government as evidence of the person's entitlement to a financial benefit. Tick documents supplied
35 points	Document - must have a name and address <input type="checkbox"/> A document held by a cash dealer giving security over your property; or <input type="checkbox"/> A mortgage or other instrument of security held by a financial body; or <input type="checkbox"/> Document from your current employer or previous employer within the last 2 years; or <input type="checkbox"/> Land Titles Office record; or <input type="checkbox"/> Document from the Credit Reference Association of Australia. Tick documents supplied
25 points	Document - must have a name and signature <input type="checkbox"/> Marriage certificate (for maiden name only); or <input type="checkbox"/> Credit Card; or <input type="checkbox"/> Foreign Driver's Licence; or <input type="checkbox"/> Medicare Card (signature not required on Medicare Card); or <input type="checkbox"/> EFTPOS Card. Tick documents supplied

POINT VALUE	ONLY ONE DOCUMENT FROM EACH CATEGORY MAY BE USED FOR THE REMAINING 30 POINTS THAT ARE REQUIRED TO ESTABLISH IDENTITY
25 points	<p>Document - must have a name and address</p> <ul style="list-style-type: none"> <input type="checkbox"/> Electoral Roll compiled by the Australian Electoral Commission and available for public scrutiny; or <input type="checkbox"/> Records of public utility - phone, water, gas, electricity bill; or <input type="checkbox"/> Records of a financial institution; or <input type="checkbox"/> A record held under a law other than a law relating to land titles; or <input type="checkbox"/> Council rates notice. <p>Tick documents supplied</p>
25 points	<p>Document - must have a name and address</p> <ul style="list-style-type: none"> <input type="checkbox"/> Rent/Lease agreement; or <input type="checkbox"/> Rent receipt from a licensed real estate agent. <p>Tick documents supplied</p>
25 points	<p>Document - must have a name and date of birth</p> <ul style="list-style-type: none"> <input type="checkbox"/> Record of a primary, secondary or tertiary educational institution attended by you within the last 10 years; or <input type="checkbox"/> Record of professional or trade association of which you are a member. <p>Tick documents supplied</p>

2. Persons Authorised to Certify 100 Points of Identification Documentation

Copies of all documents must be legible and any photograph must be colour and clearly identifiable. Certification must be on the front of the photocopied document, not the reverse, unless it would render the photocopy illegible.

Below is a list of persons who are authorised to certify photocopies of the 100 points of identification documents. The person certifying the document must note that it is *a true copy of the original document, which I have sighted* and print their name, the date and qualification that enables them to certify the document, in addition to signing their declaration.

2.1 Members of Certain Professions

- Chiropractor
- Dentist
- Legal Practitioner
- Medical Practitioner
- Nurse
- Patent Attorney
- Pharmacist
- Veterinary Surgeon
- Police Officer
- Registrar, or Deputy Registrar, of a Court
- Sheriff
- Sheriff's Officer
- Teacher employed on a full-time basis at a school or Tertiary Education Institution

2.2 Other Persons

- Agent of the Australian Postal Corporation who is in charge of an office
- Australian Consular Officer or Australian Diplomatic Officer
- Bailiff
- Bank Officer with 5 or more years of continuous service
- Building Society Officer with 5 or more years of continuous service
- Chief Executive Officer of a Commonwealth Court
- Civil Marriage Celebrant
- Clerk of a court
- Commissioner of Affidavits
- Commissioner of Declarations
- Credit Union Officer with 5 or more years of continuous service
- Holder of a statutory office not specified in another item in this part
- Judge of a court
- Justice of the Peace
- Magistrate
- Master of a court
- Member of the Australian Defence Force who is:
 - An officer; or
 - A non-commissioned officer with 5 or more years of continuous service
- Member of the Institute of chartered Accountants in Australia
- Member of the Corporate Managers, Secretaries and Administrators
- Member of the Institution of Engineers, Australia
- Member of:
 - The Parliament of the Commonwealth;
 - The Parliament of a state;
 - A Territory legislature; or
 - A Local Government Authority of a State or Territory.
- Minister of religion registered under Division 1 of the Marriage Act 1961
- Notary Public
- Permanent employee, with 5 or more continuous years of service of any of the following:
 - The Commonwealth or of a Commonwealth authority;
 - A state or Territory or of a state or Territory Authority; or
 - A Local Government Authority.

APPENDIX 2

VP12 APPLICATION: DOCUMENTS REQUIRED

	<i>Tick applicable documents in each column</i>	
Document Description	Column 1	Column 2
Current ASIC Company Extract (dated within a 5 business days of the application)	<input type="checkbox"/>	
Copy of sale agreement	<input type="checkbox"/>	
Copy of Partnership Agreement		<input type="checkbox"/>
Copy of Trust Deed and any Deed of Variation to the Trust Deed		<input type="checkbox"/>
Copy of an ownership structure diagram	<input type="checkbox"/>	
Copy of Title to the property, Lease including any Sub-Lease or Transfer of Lease	<input type="checkbox"/>	
Copy of any loan agreements	<input type="checkbox"/>	
Copy of Mortgage agreements	<input type="checkbox"/>	
Copy of Guarantee documentation	<input type="checkbox"/>	
Evidence of self-funding	<input type="checkbox"/>	
Copy of franchise agreements		<input type="checkbox"/>
Copy of Licence agreement (including occupancy licence agreement)		<input type="checkbox"/>
Copy of any other agreement or arrangement (for example, but not limited to an agreement with a marketing company, a management company, or a service company)?		<input type="checkbox"/>
Application fee payable	\$340.00 if only ticks in column 1.	\$720 if any ticks in column 2.