



Victorian Pharmacy Authority

Level 2, 15-31 Pelham St
 Carlton Vic 3053

Tel: 03 9653 1700

Email: enquiries@pharmacy.vic.gov.au

Form VP39a

NOTIFICATION:
 of
APPOINTMENT as DIRECTOR of
 or
ACQUISITION OF SHARES in
 a
COMPANY LICENSED TO CARRY ON A PHARMACY BUSINESS

Under the Oaths and Affirmations Act 2018, it is an offence to make a false statutory declaration. A person must not make a statement in a statutory declaration that the person knows to be untrue. 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.

1. Name, registered address and registration number of the registered pharmacist making this notification:

Name:

Registration No:

.....

Address:

.....

P/Code

.....

Email:

.....

2. Name of licensed company

Name

ACN No.....

Pharmacy Business Licence Number

3. Appointment as Director: (Strike out if not applicable)

I was appointed as a Director of the above company on
 (insert date)

4. Acquisition of Shares: (Strike out if not applicable)

I acquiredshares in the above company on.....
 (insert number) (insert date)

5. List the business or trading name and address of every pharmacy business that you own or in which you have a proprietary interest including those pharmacy businesses owned by the company that is the subject of this notification.

(‘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 WRITE “NONE”).

1.

.....
P/Code

2.

.....
P/Code

3.

.....
P/Code

4.

.....
P/Code

5.

.....
P/Code

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

STATUTORY DECLARATION

Insert the name, address and occupation of the person making the declaration	I,
	(The name of person completing the form)
	(Title e.g. Director or Shareholder of Company)
	(Company Name)
	of
	(Address)
	(Address)
	Occupation)
The matter declared	<p>make the following statutory declaration under the Oaths and Affirmations Act 2018:</p> <ol style="list-style-type: none"> 1. All 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 2. I am familiar with the <i>Pharmacy Regulation Act 2010</i>. <p>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.</p>
Signature of person making the declaration	
Place (City, town or suburb)	(Signature)
Date	<p>Declared at _____ In the state of Victoria</p> <p>On: _____</p>
Signature of authorised statutory declaration witness	<p>I am an authorised statutory declaration witness and I sign this document in the presence of the person making the declaration:</p> <p style="text-align: right;">(Signature of Statutory Declaration witness)</p>
Date	<p>On: _____</p> <p style="text-align: right;">(Date)</p>
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)
	<p>A person authorised under section 30(2) of the Oaths and Affirmations Act 2018 to witness the signing of a statutory declaration.</p>

Send to: VICTORIAN PHARMACY AUTHORITY
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