Pharmacy Registration Board of Western Australia

Level 4, 130 Stirling Street, Perth WA 6000
Telephone: (08) 9328 4388 | Email: pharmacyboard@hlbwa.com.au
Website: www.pharmacyboardwa.com.au

APPLICATION FOR REGISTRATION OF PREMISES AS A PHARMACY

[SECTION 4 *PHARMACY REGULATIONS 2010*]

Information for applicants:

1. These forms apply for:
   - Establishing a new pharmacy business
   - Relocating an existing pharmacy business to new premises
   - Purchasing an existing pharmacy business
   - Entering or leaving a pharmacy business/change of proprietary interest
   - Significant Alterations to an existing pharmacy business
2. Please complete applications carefully. Incorrect or incomplete applications may be returned.
3. All decisions relating to applications will be transmitted in writing and only to the applicants named on the forms.
4. Where there is a change to any proprietary interest such as a change to shareholdings in a pharmacist controlled company or beneficiaries in an eligible trust, documents reflecting this change must be provided to the Board.
5. Please ensure this application, and relevant documentation is submitted to the Board **at least 20 business days prior to the Board meeting at which the application is to be considered.**
6. **All applications to be considered by the Board MUST be lodged electronically.**

Application Checklist:

Please refer to page 3 "Additional Requirements" for further information on the particular requirements.

If the application relates to a Change of Ownership:	Yes	No	N/A
▪ Application form completed	☐	☐	
▪ Application fee enclosed	☐	☐	
▪ Copy of lease enclosed	☐	☐	☐
▪ Copy of partnership agreement enclosed	☐	☐	☐
▪ Copy of any sale agreement	☐	☐	☐
▪ Copy of any bill of sale over any fittings or equipment in the premises, or to be used in the premises, or for the purposes of the pharmacy business	☐	☐	☐
▪ Copy of any agreement for the provision of management services to the pharmacy business or to any pharmacist controlled company that holds a proprietary interest in the pharmacy business	☐	☐	☐
▪ Copy of any agreement (except a contract of employment) between any person and any entity in respect of the provision of accounting, information technology, human resources or other support services to the pharmacy business.	☐	☐	☐
▪ Copy of any security interest in respect of the pharmacy business	☐	☐	☐
▪ Finance documentation enclosed (or letter & evidence of self funding)	☐	☐	☐
▪ Guarantee documentation enclosed	☐	☐	☐
▪ Copy of business name registration/extract (refer ASIC Connect website)	☐	☐	☐
▪ Copy of authority to use name	☐	☐	☐
▪ Copy of franchise agreement	☐	☐	☐
▪ Copy of constitution or memorandum and articles enclosed	☐	☐	☐
▪ Copy of Trust Deed	☐	☐	☐
▪ Copy of Service Agreement enclosed	☐	☐	☐
▪ Copy of Current ASIC Company Extract	☐	☐	☐

(continues next page)

If the application relates to a Change of Ownership: (cont'd)	Yes	No	N/A
▪ Certified copy of Photo ID, eg Driver's Licence or Passport, for all persons with a proprietary interest in the pharmacy.	☐	☐	
▪ Provide a Flowchart of the ownership structure. - This must detail all entities and people who will have a proprietary interest in the pharmacy. o show full names (including trustee name for trust entities) o percentage of ownerships o relationships between individuals	☐	☐	

If the application relates to the establishment of a New Pharmacy, or a Relocation of an existing pharmacy:

▪ Application form completed	☐	☐	
▪ Application fee enclosed	☐	☐	
▪ Floor plan enclosed	☐	☐	☐
▪ Location plan enclosed	☐	☐	☐
▪ Elevation plan enclosed	☐	☐	☐
▪ Copy of lease enclosed	☐	☐	☐
▪ Copy of partnership agreement enclosed	☐	☐	☐
▪ Copy of any bill of sale over any fittings or equipment in the premises, or to be used in the premises, or for the purposes of the pharmacy business	☐	☐	☐
▪ Copy of any agreement for the provision of management services to the pharmacy business or to any pharmacist controlled company that holds a proprietary interest in the pharmacy business	☐	☐	☐
▪ Copy of any agreement (except a contract of employment) between any person and any entity in respect of the provision of accounting, information technology, human resources or other support services to the pharmacy business.	☐	☐	☐
▪ Copy of any security interest in respect of the pharmacy business	☐	☐	☐
▪ Quotation from builder/cost to fitout	☐	☐	
▪ Finance documentation enclosed (or letter & evidence of self funding)	☐	☐	☐
▪ Guarantee documentation enclosed	☐	☐	☐
▪ Copy of business name registration/extract (refer ASIC Connect website)	☐	☐	☐
▪ Copy of authority to use name	☐	☐	☐
▪ Copy of franchise agreement (in the case of a new pharmacy only)	☐	☐	☐
▪ Copy of constitution or memorandum and articles enclosed (in the case of a new pharmacy only)	☐	☐	☐
▪ Copy of Trust Deed (in the case of a new pharmacy only)	☐	☐	☐
▪ Copy of Service Agreement enclosed (in the case of a new pharmacy only)	☐	☐	☐
▪ Copy of Current ASIC Company Extract (in the case of a new pharmacy only)	☐	☐	☐
▪ Certified copy of Photo ID, eg Driver's Licence or Passport, for all persons with a proprietary interest in the pharmacy. (in the case of a new pharmacy only)	☐	☐	
▪ Provide a Flowchart of the ownership structure. (in the case of a new pharmacy only) - This must detail all entities and people who will have a proprietary interest in the pharmacy. o show full names (including trustee name for trust entities) o percentage of ownerships o relationships between individuals	☐	☐	

If the application relates to Significant Alterations:

▪ Application form completed	☐	☐	
▪ Application fee enclosed	☐	☐	
▪ Floor plan enclosed	☐	☐	☐
▪ Location plan enclosed	☐	☐	☐
▪ Elevation plan enclosed	☐	☐	☐
▪ Quotation from builder/cost to fitout	☐	☐	☐
▪ Finance documentation enclosed (or letter & evidence of self funding)	☐	☐	☐
▪ Guarantee documentation enclosed	☐	☐	☐
▪ Copy of lease enclosed (in the case of extensions (expansion) to the premises or a contraction of the premises)	☐	☐	☐

Additional Requirements

Plans
Applicants must submit floor plans and specifications of the intended premises unless the application is only for a change of ownership.

Please refer to "Guidelines for Plans of Registered Premises" for plan requirements and also to the Board's "Guidelines" for further information on pharmacy setup. These files may be downloaded from:

PRBWA Guidelines

Requirements for Pharmacy Safes
For information on the storage of Schedule 8 medicines:
- go to Medicines and Poisons Regulation Branch - Department of Health WA
- open Health professionals
- expand Storage, transport and disposal
- open Storage of Schedule 8 medicines
- open **What type of safe is required**

Expiry of Applications
Applications will not be considered where the proposed commencement date is later than six months from the date of the Board's approval.

Quotation from Builder/Cost to Fitout
When approval is being sought for anything other than change of ownership, a quotation from the builder/contractor on the cost to fit out the premises is required. If self funding these costs, please refer to requirements for "letter of self funding"; otherwise, refer to "finance documentation" requirements, as per below.

Lease documents
Provide a copy of the Head Lease and all lease documents connected to it, down the line to the final fully executed Assignment of Lease or other deed of lease, placing the premises directly within the applicant's control. **Please also note the final, fully executed lease should include a clause giving the pharmacist unrestricted access to the premises at all times, in order to be able to dispense emergency prescriptions.**

Finance Documentation
When finance is being sought, provide a copy of the fully executed Letter of Offer, which should include the details of the loan facility approved and list the security being offered to secure the loan facility.

Guarantee Documentation
When guarantees are being sought from wholesalers or other sources, provide a copy of the fully executed security document.

Letter of Self-Funding
Written confirmation and evidence must be submitted at the time of applying for pharmacy registration, if the venture is being funded in whole or in part from the applicant/s own resources. Evidence includes copies of bank statement and/or letter from the bank manager confirming sufficient funds available for the venture.

Sale Agreement
If the application results from a change of ownership, a copy of any sale agreement for the premises or the pharmacy must be provided. This also includes changing ownership from an individual/partnership to a Company/Trust. Where there is a change to any proprietary interest such as a change to shareholdings in a pharmacist controlled company or beneficiaries in an eligible trust, documents reflecting this change must be provided to the Board.

Change of Ownership – Signage
Please refer to Section 4.1.4 of the Board's *Guidelines*, which states: "the public is entitled to know the names of the pharmacists with whom they are dealing in a professional capacity." Accordingly, when there is a change of ownership, signage showing the new owners of the premises, natural or corporate as the case may be, must be displayed at all entries accessed by the public so as to be clearly visible.

For Your Information

The Board has the following understanding of other requirements. Applicants should confirm these details direct with these parties.

Australian Government Department of Health – Pharmaceutical Benefits Scheme – Approved Suppliers - Requirements from 9 October 2019

- Applications must be submitted to the Department of Health via the PBS Approved Suppliers Portal. Applications via email will not be accepted.
- First time users of the PBS Approved Suppliers Portal will be required to register with a valid AUSkey. AUSkeys can be obtained from the Australian Business Register website.
- If you are experiencing difficulties obtaining an AUSkey please contact the AUSkey helpdesk on 1300 287 539 and select option 2 from the menu.
- Further information on how to register and access the PBS Approved Suppliers Portal can be found on the Frequently Asked Questions - PBS Approved Suppliers Portal screen, or via email to pbsapprovedsuppliers@health.gov.au.

Refer to the link below for further updates.
https://www1.health.gov.au/internet/main/publishing.nsf/Content/pharmaceutical-benefits-scheme-approved-supplier-administrative-functions

The application time to receive approval for a new pharmacy can be around five (5) weeks (if all documentation is received and is correct).
It requires a further ten (10) days for the PKI to be activated to access electronic claims processing.
The application time to receive approval for a change of ownership is around thirty (30) days (if all documentation received and is correct).
It then requires a further ten (10) days for the PKI to be activated to access electronic claims processing.

Department of Health (Western Australia) Requirements

With the introduction of the Medicines and Poisons Act 2014, there is now no requirement for a pharmacy licence.

For information regarding the Community Program for Opioid Pharmacotherapy (CPOP) program, refer to
https://ww2.health.wa.gov.au/Articles/A_E/Dispensing-OST

Worksafe Western Australia and Business Names Requirements
Remember that you may have other obligations. Contact **Worksafe Western Australia** on 9327 8846 regarding health and safety in the workplace, (it is a requirement of the Occupational Safety and Health Act 1984 and Occupational Safety and Health Regulations 1996, that you have a copy of these publications available to your employees).

Registration of Business Names can be done online at https://asicconnect.asic.gov.au/

This document is not intended in any way to replace or paraphrase any Act or Regulation. The onus of meeting the obligations imposed upon all pharmacists under the various Acts and Regulations falls on the pharmacists concerned.

Pharmacy Registration Board of Western Australia

APPLICATION FOR REGISTRATION OF PREMISES AS A PHARMACY

[SECTION 4 *PHARMACY REGULATIONS 2010*]

Please print clearly and email to:

The Registrar
pharmacyboard@hlbwa.com.au

INSTRUCTIONS TO APPLICANTS:

This document must be read in conjunction with all applicable registration standards, guidelines, codes and policies as prepared, or endorsed, by the Board. Applicants should have regard to all relevant guidelines (as updated from time to time) published on http://www.pharmacyboardwa.com.au when completing this application form.

This application form consists of **SIX** parts. Complete **ONLY** the parts that are relevant to the applicant applying for registration of premises as a pharmacy.

Please answer **ALL** questions – partly completed forms will not be accepted.

PART A: to be completed when the applicant is a registered pharmacist.
PART B: to be completed when the applicant is a partner in a partnership, where every partner is either;
- (a) a pharmacist; or
- (b) a close family member of a partner who is a pharmacist

PART C: to be completed when the applicant is a company registered under the Corporations Act:
- (i) where at least one director is a registered pharmacist; and
- (ii) every director is either a pharmacist or a close family member of a pharmacist who is a director; and
- (iii) where each holder of shares, or of a beneficial or legal interest in shares, in the company is a pharmacist or a close family member of such a pharmacist; and
- (iv) In which a pharmacist is, or pharmacists are, entitled to control the exercise of more than 50% of the voting power
  - a. at meetings of the directors of the company; or
  - b. attached to voting shares issued by the company

PART D: to be completed when the applicant is a company registered under the Corporations Act that:
- (i) is registered or incorporated as a Friendly Society; and
- (ii) provides mutual benefits to its members; and
- (iii) is a non-profit organisation; and
- (iv) has a constitution that provides that the main object of the company is to carry on the business of pharmacy

PART E: to be completed by all applicants.

Fees are payable with this application. See page 19 for schedule of fees.

APPLICATION FORM

GENERAL

Indicate the reason for the application

[ ] Establish a new pharmacy business

[ ] Relocate an existing pharmacy business to a new premises

[ ] Purchase an existing pharmacy business

[ ] Significant Alterations to an existing approved pharmacy business

[ ] Change of partners/proprietary interest in an existing pharmacy business

Please note if you are changing the pharmacy name, you are required to complete the “Notification of Change of Pharmacy Business Name” form.

PERSONS CARRYING ON THE PHARMACY BUSINESS

Section 54 of the Act provides that only registered pharmacists, pharmacist-controlled companies, pharmacist controlled trusts, or partnerships of any combination of these may carry on a pharmacy business at a registered pharmacy premises.

Please indicate the person who will carry on the pharmacy business at the registered pharmacy premises:

[ ] Registered pharmacist (Complete Part A and E)

[ ] Partnership of registered pharmacists and any close family member (Complete Part B and E)

[ ] Partnership of company(s)/trust(s) (Complete Part B, C and E)

[ ] Partnership of registered pharmacist(s) and company(s)/trust(s) (Complete Part B, C and E)

[ ] Company/Trust (Complete Part C and E)

[ ] Friendly Society [Complete Part D and E)

PART A

To be completed when the applicant applying for approval is a registered pharmacist.

1.1 Name, registered address and registration number of applicant:

Name: AHPRA Registration No:

Address:

P/Code

1.2 Address of the premises at which the pharmacy business is to be carried on:

Address:

P/Code

PART B

To be completed when the applicant(s) applying for approval is a partnership of registered pharmacists, or any close family member, a partnership of company(s)/trust(s), or a partnership of registered pharmacist(s) and company(s)/trust(s). If the partnership is a partnership of company(s) or trust(s), please provide details of each company/trust below.

1.1 Name, registered address and registration number of each applicant (partner):

Name: AHPRA Registration No:

Address:

P/Code

Name: AHPRA Registration No:

Address:

P/Code

Name: AHPRA Registration No:

Address:

P/Code

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

1.2 Address of the premises at which the pharmacy business is to be carried on:

Address:

P/Code

1.3 Attach a copy of any partnership agreement or, if not in printed form, the details of the arrangement including the rights, obligations and liabilities of each partner.

Partnership documentation attached: Yes ☐ No ☐

PART C

To be completed when the applicant(s) is a company registered under the Corporation Act:

(i) Where at least one director is a registered pharmacist; and
(ii) Every director is either a pharmacist or a close family member of a pharmacist who is a director; and
(iii) Where each holder of shares, or of a beneficial or legal interest in shares, in the company is a pharmacist or a close family member of such a pharmacist; and
(iv) In which a pharmacist is, or pharmacists are, entitled to control the exercise of more than 50% of the voting power
    a. At meetings of the directors or the company; or
    b. Attached to voting shares issued by the company

1.1 Name of company and address of registered office:

Name of company:

Address of registered office:

1.2 Number of shares issued:

(attach a copy of the Company's Constitution or Memorandum of Articles). If this is a partnership of company(s), please use a separate sheet for each company).

1.3 Name, address and pharmacist registration number (if applicable) of all directors:

Name: AHPRA Registration No:

Address:

Name: AHPRA Registration No:

Address:

Name: AHPRA Registration No:

Address:

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

APPLICATION PART C (Continued)

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

Name:	AHPRA Registration No:
Address:	
	No of shares:
Name:	AHPRA Registration No:
Address:	
	No of shares
Name:	AHPRA Registration No:
Address:	
	No of shares
Name:	AHPRA Registration No:
Address:	
	No of shares:

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

1.5 Attach a copy of the current ASIC Company Extract.

1.6 A copy of the arrangement or understanding, whether formal or informal, whether express or implied which sets out the voting power/s of each director listed in question 1.3 of Part C is attached to this application.

Yes ☐ No ☐ If yes, specify relationship.

1.7 A copy of the arrangement or understanding, whether formal or informal, whether express or implied which sets out the voting power/s of each shareholder listed in question 1.4 of Part C is attached to this application.

Yes ☐ No ☐

1.8 Address of the premises at which the pharmacy business is to be carried on:

P/Code

PART D

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

(i) is registered or incorporated as a Friendly Society; and
(ii) provides mutual benefits to its members; and
(iii) is a non-profit organisation; and
(iv) has a constitution that provides that the main object of the company is to carry on the business of pharmacy

1.1 Name of company and address of registered office:

Name of company:

Address of registered office:

1.2 Name, address and pharmacist registration number of all Directors:

Name: AHPRA Registration No:

Address:

Name: AHPRA Registration No:

Address:

Name: AHPRA Registration No:

Address:

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

1.3 Attach a copy of the current ASIC Company Extract.

1.4 Attach a copy of the company's Constitution or Memorandum of Articles.

(i) List the clauses that give the members equal voting rights at a poll or at a meeting.

(ii) List the clauses that give the members equal voting rights to elect a representative to vote on their behalf.

(iii) List the clauses that state that the main object of the company is to carry on the business of a pharmacy.

PART D (Continued)

1.5 Attach a statement or other evidence to demonstrate that:

a) The company is not carrying on business for the dominant purpose of securing a profit or pecuniary gain for its members; and

b) Any object or intention of the company is to provide a dividend to its shareholders or members is a limited and not dominant purpose of the company; and

c) The property and income of the company is applied towards the objects of the company.

1.6 Address of the premises at which the pharmacy business is to be carried on:

_____

_____

P/Code

PART E

1.1 If *relocating* a pharmacy business from existing premises, state the address of the *existing* premises at which the business is carried on:

Address:

P/Code

1.2 Business name under which pharmacy is to be conducted:

Business name:

A "Business Name Extract", obtained from ASIC (1300 300 630) is required as proof of business name ownership.

If a marketing or buying group (such as Amcal, Priceline, Soul Pattinson, etc) is involved, you must submit a copy of the arrangement or understanding, whether formal or informal, whether express or implied, permitting you to use their name (if not in printed form, provide information explaining this arrangement).

1.3 Intended *Opening / *Settlement / *Effective Date: (This date must coincide with that from which Australian Government Department of Health – Pharmaceutical Benefits Scheme – Approved Suppliers approval is sought)

1.4 List all other persons, registered companies or other entities other than the applicant, partners, directors or shareholders (as the case may be) listed in Part A to Part D (as appropriate) that will own or have a proprietary interest in the 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).* **(IF NONE WRITE "NONE").**

Applicants must consider any arrangement or understanding, whether formal or informal, whether express or implied, and provide a copy of the document giving rise to the interest or, if not in printed form, provide information explaining the arrangement.

Name: AHPRA Registration No:

Address:

Name: AHPRA Registration No:

Address:

Name: AHPRA Registration No:

Address:

(Attach separate list if more space is required).

PART E (Continued)

1.5 List the name and address of all companies and persons with whom the applicant/s intend to enter into a Service Agreement that relates to the carrying on of the pharmacy business eg marketing or management companies.

(IF NONE WRITE "NONE").

P/Code

P/Code

Attach a copy of each Service Agreement. *(If you are unable to attach a copy of the Service Agreement state why and when it will be forwarded).*

1.6 Does any person, in the course of carrying on a business, provide 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 the pharmacy business?

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

(tick as appropriate) Yes ☐ No ☐

* 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.

1.7 Does any person have under a franchise or other commercial arrangement (for example, under a lease) a right to receive consideration that varies according to the profits or income of the pharmacy business?

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

(tick as appropriate) Yes ☐ No ☐

* 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.

PART E (Continued)

1.8 Will a Trust operate in association with the pharmacy business?

(tick as appropriate) Yes ☐ No ☐

If YES:

State the name of each Trust and attach a copy of the Trust Deed, ensuring all trustees and beneficiaries are listed as per the Board's guidelines.

Note: if there is more than one applicant (whether as partnership of individuals or companies) each applicant must complete the following questions separately.

Attach separate copies as required.

1.9 List the business or trading name and address of every other 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 sole proprietor, partner, director, member or shareholder of a company and as a trustee or beneficiary of a trust.* **(IF NONE WRITE "NONE")**

P/Code

P/Code

P/Code

1.10 Premises generally:

The premises are to -

(a) Have at least one door allowing direct access to members of the public from a street or thoroughfare; and **(tick as appropriate) Yes ☐ No ☐**

(b) Have no direct access to any adjoining premises **(tick as appropriate) Yes ☐ No ☐**

1.11 With the exception of items listed below or on accompanying sheet, the dispensary is provided with the basic schedule of equipment and reference books and meets the requirements of Schedule 1 of the Pharmacy Regulations 2010:

PART E (Continued)

1.12 If the applicant is other than an individual who will have overall responsibility for the pharmacy business, please provide the following details of the pharmacist who will have this responsibility (in the case of a company or partnership, this should not be left blank).

In addition, you must provide:

- **certified copy of Photo ID, eg Driver's Licence or Passport, for this person; and**
- **evidence that the pharmacist has agreed to the appointment. Evidence should be in the form of an appointment letter signed by the appointee).**

Name: _____

AHPRA Registration No: _____

Residential Address: _____

Email Address: _____

Date of Commencement of Appointment: _____

1.13 Are the premises to be approved to supply pharmaceutical benefits on the proposed day of opening/settlement/effective date?

(tick as appropriate)

Yes ☐ No ☐

1.14 Does any planning permit place any limitations on what can be sold from the pharmacy premises?

(tick as appropriate)

Yes ☐ No ☐

I hereby authorise the Pharmacy Registration Board of Western Australia to release to the Australian Government Department of Health – Pharmaceutical Benefits Scheme - Approved Suppliers and the Department of Health WA information included in this Application.

DECLARATION

If this application relates to SIGNIFICANT ALTERATIONS, then the Pharmacist with Overall Responsibility must make the Declaration.

(The name of the pharmacist applying)

I, _____

(address)

of _____

Postcode:

_____

Do hereby declare:

(i) I am authorised by the partners, company or trustees to make this application on their behalf (strike out if inapplicable);

(ii) that **all** of the information included in this application is true to the best of my knowledge and is in no way false, inaccurate or misleading, and in particular I have not omitted any relevant information from my answers to questions to Part B, C, D or E (as applicable); and

(ii) I am familiar with the *Pharmacy Act 2010* and *Pharmacy Regulations 2010*, and I will take all reasonable steps to maintain the premises and conduct the pharmacy business in accordance with that Act.

Note: The Board may require you to provide additional documentation.

Signature of person making the declaration. _____

Date _____

CONTACT DETAILS

(where you would like all correspondence in relation to this application to be sent)

Name: _____

Address: _____

Postcode:

Phone/Mobile: **Email:**

I am aware that in accordance with Section 64(1) of the Pharmacy Act 2010 it is an offence to provide false or misleading information in respect of this application. Penalty $24,000 or imprisonment for 2 years. I am also aware that it is an offence to make a declaration knowing that it is false in a material particular under the *Oaths, Affidavits And Statutory Declarations Act 2005 (WA).*

STATUTORY FEES

The following fees apply, effective 25 December 2019:

Grant of registration of premises as a pharmacy (includes change of ownership, relocation & new pharmacy):	$1,000
Significant alterations to a pharmacy:	$650

Please note if you are applying for multiple changes, then only the highest fee will apply.

PAYMENT DETAILS

EFT - BSB: 306063 ACC: 0851605 Please email through payment details to: pharmacyboard@hlbwa.com.au

CREDIT CARD (CC) - VISA OR MASTERCARD ONLY – COMPLETE DETAILS:

VISA or MASTERCARD (Please circle)

Credit Card Number:

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

EXPIRY DATE ☐☐ / ☐☐

3 DIGIT SECURITY CODE AT BACK OF CARD ☐☐☐

Amount Paid: $ _____

This fee is exempt from GST (Division 81)

Name on Credit Card:

…… ……..

SIGNATURE OF CREDIT CARD HOLDER