

# Pharmacy Registration Board of Western Australia

Level 4, 130 Stirling Street, Perth WA 6000

Telephone: (08) 9328 4388

Email: [pharmacyboard@hlbwa.com.au](mailto:pharmacyboard@hlbwa.com.au) Website: [www.pharmacyboardwa.com.au](http://www.pharmacyboardwa.com.au)

## NOTIFICATION OF CHANGE OF PHARMACY BUSINESS NAME

*Pharmacy Regulations 2010*, Regulation 9, Change to information recorded in the register

The proprietor must notify the Board of a change of business name within 14 days of the change.

While the requirement is:

- for the proprietor to notify the Board, the Board accepts notification by the pharmacist with overall responsibility for the pharmacy business (**the Responsible Pharmacist**), either as the sole proprietor or on behalf of the proprietor(s); and
- for notification to be made within 14 days of a change to information recorded in the Register, the Board accepts and recommends notification prior to the change.

### **Details of Pharmacy:**

Pharmacy Registration Number as shown on the *Certificate of Registration as a Pharmacy* issued by the Board: \_\_\_\_\_

Pharmacy Address:

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### **Details of Change:**

**If notification is being made prior to the change**, provide the following information.

Current Business Name:

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New Business Name:

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\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date of change

**If notification is being made within 14 days of the change**, provide the following information.

Previous Business Name:

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Current Business Name:

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\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date of change

**Details of Responsible Pharmacist:**

Name: \_\_\_\_\_

Phone/Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

- |   | <b>Attached</b>          | <b>N/A</b>               |
|---|--------------------------|--------------------------|
| • Attach a copy of the Australian Securities & Investments Commission (ASIC) Record of Registration for Business Name | <input type="checkbox"/> |                          |
| • If use of the business name is subject to franchise, attach a signed copy of the franchise agreement                | <input type="checkbox"/> | <input type="checkbox"/> |
| • If use of the business name requires permission, attach a signed letter of authority                                | <input type="checkbox"/> | <input type="checkbox"/> |

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 notification.

I make this notification knowing that, under section 64 of the *Pharmacy Act 2010*, it is an offence to:

- make a statement; or
- provide information,

to the Board or the Registrar in relation to the compliance, or purported compliance, with any requirement of the Act knowing that it is false or misleading:

- in a material particular; or
- in a material particular, with reckless disregard as to whether the information is false or misleading in a material particular.

\_\_\_\_\_  
Signature of Responsible Pharmacist or Proprietor

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

## PAYMENT DETAILS

EFT - BSB: 306063 ACC: 0851605 Please email through payment details to:  
[pharmacyboard@hlbwa.com.au](mailto:pharmacyboard@hlbwa.com.au)

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

**VISA or MASTERCARD** (Please circle)

Credit Card Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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EXPIRY DATE   /

3 DIGIT SECURITY CODE AT BACK OF CARD

Amount Paid: (\$50.00) \$ \_\_\_\_\_

This fee is exempt from GST (Division 81)