
Pharmacy Registration Board of Western Australia

Level 4, 130 Stirling Street, Perth WA 6000

Telephone: (08) 9328 4388 | Email: Applications_Admin@pharmacyboardwa.com.au

Website: www.pharmacyboardwa.com.au

NOTIFICATION OF CHANGE OF PHARMACY BUSINESS NAME

[Regulation 9, PHARMACY REGULATIONS 2010]

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:

Details of Change:

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

Current Business Name:

New Business Name:

____ / ____ / ____
Date of change

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

Previous Business Name:

Current Business Name:

____ / ____ / ____
Date of change

Pharmacy Email Address:

Details of Responsible Pharmacist:

Name:

Phone/Mobile:

Email address:

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

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: 066 131 ACC: 1075 4446 (**note, new bank details**). Please email through payment details to: Applications_Admin@pharmacyboardwa.com.au

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

VISA or MASTERCARD (Please circle)

Credit Card Number:

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EXPIRY DATE

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3 DIGIT SECURITY CODE AT BACK OF CARD

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Amount Paid: (\$55.00) \$ _____

This fee is exempt from GST (Division 81)