

DETAILS OF PHARMACY APPLYING FOR MEMBERSHIP

Pharmacy name:		PBS Approval #:	
Pharmacy street address:			
		Suburb:	State: Postcode:
Pharmacy postal name & address (if different):			
		Suburb:	State: Postcode:
Pharmacy email:	Phone: ()	Fax: ()	
Banner name:	Marketing group:		
Is this a new pharmacy or has it been acquired? <input type="checkbox"/> NEW / <input type="checkbox"/> ACQUIRED		Date pharmacy Purchased/Opened:	
If acquired, please state name/s of previous owner/s:			

STATUTORY DECLARATION

We, the above directors, of the addresses set out above DO SOLEMNLY AND SINCERELY DECLARE:

1. We are all of the directors of the applicant company and more than one half of us are pharmacists (or in the case of a company having only two directors, one of us is a pharmacist), namely:

2. A majority of the issued voting shares in the company are beneficially owned by pharmacists, namely:

3. The company complies with the relevant legislation governing ownership and control of pharmacies in the State or Territory in which it carries on business.

4. **DETAILS OF OTHER PHARMACIES OWNED BY THE APPLICANT COMPANY OR IN WHICH IT HAS A PROPRIETARY, LEGAL OR BENEFICIAL INTEREST**

Pharmacy name:		Suburb:	
Prop 1:	Prop 2:	Prop 3:	
Prop 4:	Prop 5:	Prop 6:	

Pharmacy name:		Suburb:	
Prop 1:	Prop 2:	Prop 3:	
Prop 4:	Prop 5:	Prop 6:	

Pharmacy name:		Suburb:	
Prop 1:	Prop 2:	Prop 3:	
Prop 4:	Prop 5:	Prop 6:	

Pharmacy name:		Suburb:	
Prop 1:	Prop 2:	Prop 3:	
Prop 4:	Prop 5:	Prop 6:	

Pharmacy name:		Suburb:	
Prop 1:	Prop 2:	Prop 3:	
Prop 4:	Prop 5:	Prop 6:	

(if more, please attach separate list)

5. **DETAILS OF OTHER PHARMACIES OWNED EITHER INDIVIDUALLY OR AS A PARTNER IN A PARTNERSHIP BY ANY OF THE APPLICANT DIRECTOR/S**

Pharmacy name:		Suburb:	
Prop 1:	Prop 2:	Prop 3:	
Prop 4:	Prop 5:	Prop 6:	

Pharmacy name:		Suburb:	
Prop 1:	Prop 2:	Prop 3:	
Prop 4:	Prop 5:	Prop 6:	

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Pharmacy name:		Suburb:
Prop 1:	Prop 2:	Prop 3:
Prop 4:	Prop 5:	Prop 6:

Pharmacy name:		Suburb:
Prop 1:	Prop 2:	Prop 3:
Prop 4:	Prop 5:	Prop 6:

Pharmacy name:		Suburb:
Prop 1:	Prop 2:	Prop 3:
Prop 4:	Prop 5:	Prop 6:

(if more, please attach separate list)

6. We further agree to furnish in writing any further particulars in relation to this application upon request of the Branch Director.

And we make this solemn declaration by virtue of the relevant legislation governing Statutory Declarations and subject to the penalties provided by that legislation for the making of false statements and statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

DECLARED AT _____)	_____)	_____)
THIS _____ DAY OF)	Before me	(Signature) _____ (Print Name)
_____ 20 _____)	_____)	
A Person Duly Authorised To Witness Statutory Declarations		
DECLARED AT _____)	_____)	_____)
THIS _____ DAY OF)	Before me	(Signature) _____ (Print Name)
_____ 20 _____)	_____)	
A Person Duly Authorised To Witness Statutory Declarations		
DECLARED AT _____)	_____)	_____)
THIS _____ DAY OF)	Before me	(Signature) _____ (Print Name)
_____ 20 _____)	_____)	
A Person Duly Authorised To Witness Statutory Declarations		
DECLARED AT _____)	_____)	_____)
THIS _____ DAY OF)	Before me	(Signature) _____ (Print Name)
_____ 20 _____)	_____)	
A Person Duly Authorised To Witness Statutory Declarations		

NOTE: Where the applicant wishes to appoint a nominee under Rule 7 (b)(i), Form 13 (attached) should be completed at the same time as this membership form and lodged with the Branch Director.

Return this declaration with the fee payable namely \$ _____ incl. GST

PRIVACY COLLECTION NOTICE

By submitting this completed application Form, you acknowledge that your personal information including your name, address, phone number and email address **(Personal Information)** is being provided to The Pharmacy Guild of Australia (NSW Branch) ABN 87 740 877 429 **(Branch)**.

The Personal Information you provide will be used by the Branch to administer and manage your membership, and to keep you informed about developments in the practice of pharmacy, and to send you marketing material about associated products, offers, services and events relating to community pharmacy **(Services)**.

The Branch is a branch of The Pharmacy Guild of Australia ABN 84 519 669 143 (the Guild) and, as such, may disclose your Personal Information to the Guild's National Secretariat, to other branches of the Guild, to the Guild's and the Branch's related bodies corporate, and to agents, contractors service providers and partners engaged by the Branch or the Guild to provide the Services. The Branch will not otherwise use or disclose your Personal Information, unless you have given consent, or the Branch is authorised or required to do so by law.

For more information about how the Branch and the Guild handles your Personal Information, how you can request to access, correct or update the Personal Information the Branch holds about you, and who to contact if you have a privacy enquiry or complaint, please see the Guild's Privacy Policy on the website www.guild.org.au. If you elect not to provide your consent to any or all of the uses or disclosures of your Personal Information proposed in this Form, we may be unable to process your membership application and/or provide the Services to you. You can also withdraw your consent at any time, by just letting us know.