



# Application for permission to carry on business as a pharmacist by the legal personal representative of a deceased approved pharmacist

## Purpose of this form

Complete this form to apply for permission to carry on the business of a deceased approved pharmacist under section 91 of the *National Health Act 1953*, at the premises described in question 4 of this form.

## Important information

A separate application must be made for each premises where the applicant seeks to continue the business of a deceased approved pharmacist.

In the case of a trustee company, the application should be made by an authorised officer acting on behalf of the company.

If there is a partnership agreement/contract in place that deals with the pharmacy business, an application should not be made for permission under section 91 of the *National Health Act 1953*.

## For more information

Go to [www.health.gov.au/pbsapprovedsuppliers](http://www.health.gov.au/pbsapprovedsuppliers). For assistance completing this form, call **02 6289 2419** (call charges may apply) or email [pbsapprovedsuppliers@health.gov.au](mailto:pbsapprovedsuppliers@health.gov.au) and a departmental officer will contact you.

## Returning your form

Check that all required questions are answered and that the form is signed and dated.

Applications must be lodged through the Health Data Portal [dataportal.health.gov.au](http://dataportal.health.gov.au).

For further information on how to lodge your application visit [www.health.gov.au/pbsapprovedsuppliers](http://www.health.gov.au/pbsapprovedsuppliers). Please do **not** email your application as emailed applications may not be processed.

## Privacy and your personal information

Personal information is protected by law, including the *Privacy Act 1988*.

Personal information is being collected in this form by the Australian Government Department of Health (the Department) for the purposes of assessing your application, under section 91 of the *National Health Act 1953*, for permission to supply pharmaceutical benefits at specified premises.

If you do not provide this information, the Department will not be able to assess your application.

You can get more information about the way in which the Department will manage personal information, including our privacy policy, at [www.health.gov.au/pbsapprovedsuppliers/forms-privacy](http://www.health.gov.au/pbsapprovedsuppliers/forms-privacy).

## Full name of legal personal representative

**1** I, hereby apply for permission to carry on the business of a deceased approved pharmacist under section 91 of the *National Health Act 1953*, in relation to the premises described in the *Details of deceased approved pharmacist* section of this form.

Dr  Mr  Ms  Other

Family name

First given name

Second given name

## Details of deceased approved pharmacist

**2** I am the executor/administrator to the estate of (Full name of deceased pharmacist):

**3** Pharmacy approval number

**4** Pharmacy business (trading) name

Building name

Unit  Suite  Shop  Floor number

Street number

Street name

Suburb

State  Postcode

**5** Business phone number

Email

## Declaration

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### 6 I declare that:

- Full name of deceased pharmacist

passed away on:

- I am permitted to carry on the pharmacy business under the law of the state/territory of:

- the dispensing of drugs and medicinal preparations will be performed under the direct supervision of a registered pharmacist at the premises specified above, in accordance with Part VII of the *National Health Act 1953* and the regulation made under the *National Health Act 1953*.
- the information I have provided in this form is complete and correct.

### I understand that:

- giving false or misleading information is a serious offence.

Applicant's signature

Date