



Victorian Pharmacy Authority

Level 2, 15-31 Pelham St
Carlton Vic 3053

Tel: 03 9653 1700 ~ Fax: 03 9653 1750 Email: planning@pharmacy.vic.gov.au

APPLICATION FOR A LICENCE TO CARRY ON A PHARMACY BUSINESS

[SECTION 36 PHARMACY REGULATION ACT 2010]

INFORMATION SHEET

Applicants should complete the application form that corresponds to their eligibility status.

Applications may be lodged by post or email. Faxed applications will not be accepted. If emailed, separate documents are to be submitted as single PDF files. Emailed documents lodged as multiple files of separate pages will not be accepted.

A separate application is required for each business premises in which the applicant seeks a licence to carry on a pharmacy business.

ALL questions should be answered– partly completed forms or forms with questions answered ‘Not applicable’ or ‘N/A’ will not be accepted.

Form VP11 – to be completed when the applicant is a registered pharmacist.

Form VP12 – to be completed when the applicant is a company registered under the Corporations Act:

- (i) whose directors are all registered pharmacists; and
- (ii) in which all the shares and the beneficial and legal interest in those shares are held by registered pharmacists.

Form VP13 – to be completed when the applicant is a company registered under the Corporations Act that:

- (i) immediately before 1 July 1999 was registered or incorporated as a Friendly Society under a Friendly Societies Code of a State or Territory that was in force at that time; and
- (ii) is a company limited by guarantee or shares or by guarantee and shares; and
- (iii) has at least 100 members; and
- (iv) whose members have equal voting rights on a poll or at a meeting or equal voting rights to elect a representative to vote on their behalf; and
- (v) whose objects include the provision of health or welfare facilities or services for its members or their dependants; and
- (vi) whose undistributed surplus if the company were wound up is to be distributed among its members at the time of winding up or transferred to another person or body with a similar structure and objects; and
- (vii) is able to satisfy the Authority that:
 - the company is not carrying on business for the dominant purpose of securing a profit or pecuniary gain for its members; and
 - any object or intention of the company to provide a dividend to its shareholders or members is a limited and not dominant purpose of the company; and
 - the property and income of the company is applied towards the objects of the company

Form VP14 – to be completed when the applicant is a company registered under the Corporations Act that is a wholly owned subsidiary of a company referred to in VP13 above

Form VP15 – to be completed when the applicant is a company registered under the Corporations Act that:

- (i) satisfies the requirements of VP13 (ii) to (vii) above; and
- (ii) is an amalgamation of 2 or more companies that comply with VP13 above.

Any other entity should contact the office of the Victorian Pharmacy Authority for advice.



Victorian Pharmacy Authority

Level 2, 15-31 Pelham St
Carlton Vic 3053

Tel: 03 9653 1700 ~ Fax: 03 9653 1750 ~ Email: planning@pharmacy.vic.gov.au

Form VP12

APPLICATION FOR A LICENCE TO CARRY ON A PHARMACY BUSINESS

[SECTION 36 PHARMACY REGULATION ACT 2010 (THE ACT)]

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

- (i) whose directors are all registered pharmacists; and
- (ii) in which all the shares and the beneficial and legal interest in those shares are held by registered pharmacists.

A statutory application fee is required with this application.

The application fee covers the assessment of the application including an inspection of the pharmacy. The fee does not cover the statutory annual licence fee.

ALL questions should be answered– partly completed forms or forms with questions answered ‘Not applicable’ or ‘N/A’ will not be accepted.

This document must be read in conjunction with all applicable codes of conduct and professional standards as prepared, or endorsed, by the Victorian Pharmacy Authority (the Authority). Applicants should also have regard to the Victorian Pharmacy Authority Guidelines (as updated from time to time) and familiarise themselves with the provisions of the Act before completing this form.

Under the *Evidence (Miscellaneous Provisions) Act 1958*, it is an offence to make wilful false statements in a statutory declaration and a person can be liable, upon conviction, to be imprisoned for up to 15 years.

Section 1: (to be completed by Director or Company Secretary)

APPLICANT AND LOCATION

1.1 Name of company and registered address:

.....
Name of Company

.....
Address of registered office:

.....
P/Code:

1.2 Number of shares issued:

1.3 Name, address and pharmacist registration number of all directors:

Name Registration No.

Address

Name Registration No.

Address

Name Registration No.

Address

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

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

Name Registration No.

Address

No of shares

Name Registration No.

Address

No of shares

Name Registration No.

Address

No of shares

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

1.5 Attach a copy of a Current ASIC Company Extract.

(Refer ASIC Service Centre Level 17 CGU Tower, 485 La Trobe Street Melbourne Vic 3000)

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

.....

 P/Code

1.7 If relocating the pharmacy business from existing premises, state the address of the existing premises at which the business is carried on.

.....
 P/Code

Important Note:

The applicant must not establish or carry on a pharmacy business until the Authority has registered the premises of the pharmacy business. If the Authority has not registered the premises you may apply for registration by submitting an ‘**Application for registration of pharmacy premises**’. The application form may be obtained from the Authority’s offices or website [www.pharmacy.vic.gov.au].

1.8 Does the Applicant Company own or have a proprietary interest in any other 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*).

YES OR NO (Circle one)

If “YES” list name and address of each such business:

1.

 P/Code

2.

 P/Code

3.

 P/Code

4.

 P/Code

1.9 Indicate the reason for the application:

The Company is intending to (tick one)-

- establish a new pharmacy business, or
- relocate your existing pharmacy business to new premises, or
- purchase an existing pharmacy business, or
- purchase a partnership in an existing pharmacy business, or
- other.

If ‘Other’ specify:

.....

1.10 Attach a copy of the sale agreement documentation if the applicant company is purchasing an existing pharmacy business, or a partnership in an existing pharmacy business. E.g. Contract of Sale, Sale Agreement, Bill of Sale.

OWNERSHIP STRUCTURE

1.11 Indicate if the applicant company intends to carry on the pharmacy business as a sole proprietor or in partnership with other persons and or registered companies? (A partnership is an association of 2 or more persons who carry on a business and distribute profits or losses between themselves).

(Tick one)

Sole proprietor

In partnership

If in partnership list the names of the other partners:

(Attach a separate list if more space is required).

1.12 If the business is to be carried on by a partnership attach a copy of the Partnership Agreement. (If you are unable to attach a copy of the partnership agreement state why and when it will be forwarded).

If there is a partnership without a written Partnership Agreement provide full details

(Attach a separate page if more space is required).

1.13 Will a Trust or Trusts operate in association with the pharmacy business?

YES OR NO (Circle one)

If YES:

Attach a copy of each Trust Deed, and any amendments to any Trust Deed, and list for each Trust:

.....
(i) The name of the Trust.

.....
(ii) The name of the Trustee.

.....
(iii) The name of each beneficiary or unit holder.

.....

(Attach separate list if more space is required).

1.14 Will any persons or company own or have a proprietary interest in the pharmacy business other than those listed at:

Section 1: Items 1.3, 1.4, 1.11, 1.13 (ii) and 1.13 (iii)

Section 2: Items 2.4 (ii) and 2.4 (iii)

Section 3: Items 3.5 (ii) and 3.5 (iii)

(‘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.)

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

You must provide a copy of the document giving rise to the interest or, if not in printed form, information explaining the arrangement.

YES / NO (Please circle appropriate answer).

If YES please list names of persons or companies not listed in 1.3, 1.4 or 1.11 and explain the nature of the relationship or interest.

1.	Name:
	Address:
	
2.	Name:
	Address:
	
3.	Name:
	Address:
	

(Attach separate list if more space is required).

RIGHT OF OCCUPANCY

1.15 Attach all documents that give the applicant company the right to occupy and conduct a pharmacy business in the premises listed at question 1.6 above. E.g. Title to the property, Lease including any Sub-Lease or Transfer of Lease, Occupancy Licence.

FINANCE

1.16 Write how the company intends to fund the purchase or establishment of the proposed pharmacy business

Source of finance	Amount
Loan	\$
Mortgage	\$
Self-funded	\$
Other	\$
Total	\$

If other provide details:

.....

(Attach separate list if more space is required).

1.17 Attach a copy of all documentation associated with the funding of the pharmacy business including any mortgage agreements, loan agreements and any documentation relating to a guarantee. (If you are unable to attach a copy of any agreement or arrangement state why and when it will be forwarded)

If any such agreement or arrangement is not in writing provide details:

.....

(Attach a separate page if more space is required).

COMMERCIAL ARRANGEMENTS

1.18 Does the applicant company intend to carry on the pharmacy business as a franchisee, i.e. does it intend to carry on the pharmacy business pursuant to a Franchise Agreement?

YES OR NO (Circle one)

If "YES" provide details:

.....

1.19 Attach a copy of the Franchise Agreement. (If you are unable to attach a copy of any agreement state why and when it will be forwarded).

.....

1.20 Does the applicant company intend to carry on the pharmacy business pursuant to a licence agreement, i.e. do you intend to carry on the pharmacy business pursuant to a licence granted to the applicant company by a commercial entity?

YES OR NO (Circle one)

If "YES" provide details:

.....
.....

1.21 Attach a copy of the Licence Deed or Agreement. *(If you are unable to attach a copy of any agreement state why and when it will be forwarded.)*

.....

1.22 Does the applicant company intend to carry on the pharmacy business pursuant to an arrangement or agreement (other than a Franchise agreement or Licence) with any company or person that relates to the carrying on of the pharmacy business that:

- a. affects the day to day operation of the pharmacy business;
- b. affects the management of the pharmacy business;
- c. provides any person or company, other than the applicant, the right to:
 - i. control the manner in which the pharmacy business is carried on;
 - ii. access books of accounts or records kept with respect to the business;
 - iii. receive any consideration that varies in accordance with the profits or takings of the business.

(for example, but not limited to an agreement with a marketing company, a management company, or a service company)?

YES OR NO (Circle one)

1.23 If "YES" list and Attach a copy of each arrangement or agreement. *(If you are unable to attach a copy of any agreement or arrangement state why and when it will be available. If any such agreement or arrangement is not in writing, provide details to the Authority.*

.....
.....

If any such agreement or arrangement is not in writing provide details:

.....
.....

(Attach a separate page if more space is required).

1.24 Attach an ownership structure diagram together with a separate written summary of the structure.

DOCUMENTS REQUIRED

1.25 Specify the documents you have provided in relation to Section 1 of the application by completing the table provided in Appendix 2.

STATUTORY DECLARATION

Application – Section 1

(The name of person completing the application)

I,

Title (e.g. Director or Secretary)

(Name of Company)

(address)

Postcode:

Do solemnly and sincerely declare:

- (1) that **all** of the information included in Section 1 of the application is true to the best of my knowledge and is in no way false, inaccurate or misleading, and I have not omitted any relevant information, and
- (2) I am familiar with the *Pharmacy Regulation Act 2010*, and I will take all reasonable steps to ensure that the company maintains the premises and conducts the pharmacy business in accordance with that Act.

Note: You may be asked to provide additional documentation.

I make this solemn declaration by virtue of the *Evidence (Miscellaneous Provisions) Act 1958* and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular. I understand that it is an offence under section 9 of the *Pharmacy Regulation Act 2010* to fail or refuse to give the Authority any information required under section 8 or refuse to produce any documents required under section 8 or wilfully mislead the Authority when giving the information which carries a penalty.

Signature of person making the
declaration



Declared at

On this day of 20

Before me,

Signature of person before
whom the declaration is made.



On this day of 20

Print name, qualification and address of person before whom the declaration is made.

Name

Address:

Postcode

Contact details (Where you would like all correspondence in relation to this application to be sent).

Name:

.....

Address:

.....

P/Code:

.....

Phone/Mobile:

Fax:

.....

Email:

.....

APPLICATION FEE PAYMENT DETAILS

CHEQUE or MONEY ORDER payable to **Victorian Pharmacy Authority**

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

VISA or MASTERCARD (Please circle)

Credit Card Number:

EXPIRY DATE /

CVV

AMOUNT \$259.55** (This fee is exempt from GST (Division 81))

** Amount valid for period 1 May 2017 to 30 April 2018

Name on Credit Card:

Signature of Credit Card Holder

.....

.....

Personal information on these forms is collected for the primary purpose of administering the *Pharmacy Regulation Act 2010*. Personal information will not be disclosed to any other person or agency unless you have given us permission, or we are required or authorised by law. For further information on collection and disclosure of personal information by the Authority, or how to request access or correction to your personal information, please refer to the Authority's Privacy Collection Notice and Privacy Policy.

Section 2: (to be completed SEPARATELY by each natural person who is one or more of the following: a director of the applicant company, a shareholder of the applicant company, a beneficiary or unit holder of a trust associated with the pharmacy business).

2.1 Name, registered address and pharmacist registration number of director/shareholder/beneficiary/unit holder:

Name: _____ Registration No: _____

Director and / or Shareholder (please tick):

Address: _____

P/Code

2.2 Attach documents providing 100 points of identification. See Appendix (1) for details.

2.3 List the business or trading name and address of every 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 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").

1. _____

P/Code

2. _____

P/Code

3. _____

P/Code

4. _____

P/Code

(Attach separate list if more space is required).

2.4 Will you (the natural person listed at 2.1) be the Trustee of a Trust that operates in association with the pharmacy business?

YES OR NO (Circle one)

.....
If YES:

Attach a copy of each Trust Deed, and any amendments to any Trust Deed, and list for each Trust:

.....
i. The name of the Trust.

.....
ii. The name of the Trustee.

.....
iii. The name of each beneficiary or unit holder.

.....
(Attach separate list if more space is required).

STATUTORY DECLARATION**Application – Section 2**

I, _____ (The name of the pharmacist applying)
 _____ (address)
 Of _____
 _____ Postcode:

Do solemnly and sincerely declare:

1. that all of the information included in Section 2 of Part B of the application is true to the best of my knowledge and is in no way false, inaccurate or misleading, and I have not omitted any relevant information, and
2. I am familiar with the *Pharmacy Regulation Act 2010*, and I will take all reasonable steps to ensure that the company maintains the premises and conducts the pharmacy business in accordance with that Act.

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

I make this solemn declaration by virtue of the *Evidence (Miscellaneous Provisions) Act 1958* and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

Signature of person making the declaration  _____

Declared at _____

On this _____ day of _____ 20 _____

Before me, _____

Signature of person before whom the declaration is made  _____

Print name, qualification and address of person before whom the declaration is made.

Name _____

Qualification _____

Address: _____

Postcode: _____

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Section 3: (to be completed SEPARATELY by a Director or the Secretary of each company that is a beneficiary or unit holder of a trust associated with the pharmacy business).

3.1 Name and registered address of the company that is a beneficiary or unit holder:

Name: _____ Registration No: _____

Director and / or Shareholder (please tick): _____

Address: _____

_____ **P/Code** _____

3.2 Attach a copy of a Current ASIC Company Extract.
(Refer ASIC Service Centre Level 17 CGU Tower, 485 La Trobe Street Melbourne Vic 3000)

3.3 Does the Company listed at 3.1 above own or have a proprietary interest in any other 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.*)

YES OR NO (Circle one)

If “YES” list name and address of each such business:

1. _____

_____ **P/Code** _____

2. _____

_____ **P/Code** _____

3. _____

_____ **P/Code** _____

4. _____

_____ **P/Code** _____

_____ **P/Code** _____

(Attach separate list if more space is required).

3.4 Will the Company listed at 3.1 be the Trustee of a Trust that operates in association with the pharmacy business?

YES OR NO (Circle one)

3.5 If YES:

Attach a copy of each Trust Deed, and any amendments to any Trust Deed, and list for each Trust:

.....
(i) The name of the Trust.

.....
(ii) The name of the Trustee.

.....
(iii) The name of each beneficiary or unit holder.

.....
(Attach separate list if more space is required).

STATUTORY DECLARATION

Application – Section 3

(The name of person completing Section 3 of the application)

I,

..... Title (e.g. Director or Secretary)

..... (Name of Company)

..... (address)

..... Postcode:

Do solemnly and sincerely declare:

- (1) that all the information included in Section 3 of the application is true to the best of my knowledge and is in no way false, inaccurate or misleading, and I have not omitted any relevant information, and
- (2) I am familiar with the *Pharmacy Regulation Act 2010*, and I will take all reasonable steps to ensure that the company maintains the premises and conducts the pharmacy business in accordance with that Act.

Note: You may be asked to provide additional documentation.

I make this solemn declaration by virtue of the *Evidence (Miscellaneous Provisions) Act 1958* and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular. I understand that it is an offence under section 9 of the *Pharmacy Regulation Act 2010* to fail or refuse to give the Authority any information required under section 8 or refuse to produce any documents required under section 8 or wilfully mislead the Authority when giving the information which carries a penalty.

Signature of person making the declaration



Declared at

.....

On this day of 20

Before me,

.....

Signature of person before whom the declaration is made.



On this day of 20

Print name, qualification and address of person before whom the declaration is made.

Name

.....

Address:

.....

..... Postcode

Personal information on these forms is collected for the primary purpose of administering the *Pharmacy Regulation Act 2010*. Personal information will not be disclosed to any other person or agency unless you have given us permission, or we are required or authorised by law. For further information on collection and disclosure of personal information by the Authority, or how to request access or correction to your personal information, please refer to the Authority's Privacy Collection Notice and Privacy Policy.



100 Points of Identification Guidelines

100 Points of Identification Documents

At least one identity document supplied must contain a colour photograph.

1.1 Primary Documents

POINT VALUE	AT LEAST <u>ONE</u> DOCUMENT MUST BE SUPPLIED FROM THE FOLLOWING (<u>NO</u> ADDITIONAL POINTS FOR MULTIPLE DOCUMENTS)
70 points	<input type="checkbox"/> Birth Certificate; or <input type="checkbox"/> Citizenship Certificate; or <input type="checkbox"/> Current Passport; or <input type="checkbox"/> Expired Passport, which has not been cancelled and was current within the preceding two years; or <input type="checkbox"/> Other document having the same characteristics as a passport. Tick documents supplied

1.2 Secondary Documents

POINT VALUE	<u>ONLY ONE</u> DOCUMENT FROM <u>EACH CATEGORY</u> MAY BE USED FOR THE REMAINING 30 POINTS THAT ARE REQUIRED TO ESTABLISH IDENTITY
40 points	Document - must have a photograph and a name <input type="checkbox"/> Driver's Licence issued by an Australian State or Territory; or <input type="checkbox"/> Licence or permit issued under a law of the Commonwealth, State or Territory Government - (e.g. a boat licence); or <input type="checkbox"/> Identification card issued to a public employee; or <input type="checkbox"/> Identification card issued by the Commonwealth, State or Territory Government as evidence of the person's entitlement to a financial benefit. Tick documents supplied
35 points	Document - must have a name and address <input type="checkbox"/> A document held by a cash dealer giving security over your property; or <input type="checkbox"/> A mortgage or other instrument of security held by a financial body; or <input type="checkbox"/> Document from your current employer or previous employer within the last 2 years; or <input type="checkbox"/> Land Titles Office record; or <input type="checkbox"/> Document from the Credit Reference Association of Australia. Tick documents supplied

25 points	<p>Document - must have a name and signature</p> <p><input type="checkbox"/> Marriage certificate (for maiden name only); or</p> <p><input type="checkbox"/> Credit Card; or</p> <p><input type="checkbox"/> Foreign Driver's Licence; or</p> <p><input type="checkbox"/> Medicare Card (signature not required on Medicare Card); or</p> <p><input type="checkbox"/> EFTPOS Card.</p> <p><i>Tick documents supplied</i></p>
25 points	<p>Document - must have a name and address</p> <p><input type="checkbox"/> Electoral Roll compiled by the Australian Electoral Commission and available for public scrutiny; or</p> <p><input type="checkbox"/> Records of public utility - phone, water, gas, electricity bill; or</p> <p><input type="checkbox"/> Records of a financial institution; or</p> <p><input type="checkbox"/> A record held under a law other than a law relating to land titles; or</p> <p><input type="checkbox"/> Council rates notice.</p> <p><i>Tick documents supplied</i></p>
25 points	<p>Document - must have a name and address</p> <p><input type="checkbox"/> Rent/Lease agreement; or</p> <p><input type="checkbox"/> Rent receipt from a licensed real estate agent.</p> <p><i>Tick documents supplied</i></p>
25 points	<p>Document - must have a name and date of birth</p> <p><input type="checkbox"/> Record of a primary, secondary or tertiary educational institution attended by you within the last 10 years; or</p> <p><input type="checkbox"/> Record of professional or trade association of which you are a member.</p> <p><i>Tick documents supplied</i></p>

2. Persons Authorised to Certify 100 Points of Identification Documentation

Copies of all documents must be legible and any photograph must be colour and clearly identifiable. Certification must be on the front of the photocopied document, not the reverse, unless it would render the photocopy illegible.

Below is a list of persons who are authorised to certify photocopies of the 100 points of identification documents. The person certifying the document must note that it is a *true copy of the original document, which I have sighted* and print their name, the date and qualification that enables them to certify the document, in addition to signing their declaration.

2.1 Members of Certain Professions

- Chiropractor
- Dentist
- Legal Practitioner
- Medical Practitioner
- Nurse
- Patent Attorney
- Pharmacist
- Veterinary Surgeon
- Police Officer
- Registrar, or Deputy Registrar, of a Court
- Sheriff
- Sheriff's Officer
- Teacher employed on a full-time basis at a school or Tertiary Education Institution

2.2 Other Persons

- Agent of the Australian Postal Corporation who is in charge of an office
- Australian Consular Officer or Australian Diplomatic Officer
- Bailiff
- Bank Officer with 5 or more years of continuous service
- Building Society Officer with 5 or more years of continuous service
- Chief Executive Officer of a Commonwealth Court
- Civil Marriage Celebrant
- Clerk of a court
- Commissioner of Affidavits
- Commissioner of Declarations
- Credit Union Officer with 5 or more years of continuous service
- Holder of a statutory office not specified in another item in this part
- Judge of a court
- Justice of the Peace
- Magistrate
- Master of a court
- Member of the Australian Defence Force who is:
 - An officer; or
 - A non-commissioned officer with 5 or more years of continuous service
- Member of the Institute of chartered Accountants in Australia
- Member of the Corporate Managers, Secretaries and Administrators
- Member of the Institution of Engineers, Australia
- Member of:
 - The Parliament of the Commonwealth;
 - The Parliament of a state;
 - A Territory legislature; or
 - A Local Government Authority of a State or Territory.
- Minister of religion registered under Division 1 of the Marriage Act 1961
- Notary Public
- Permanent employee, with 5 or more continuous years of service of any of the following:
 - The Commonwealth or of a Commonwealth authority;
 - A state or Territory or of a state or Territory Authority; or
 - A Local Government Authority.

APPENDIX 2**VP12 APPLICATION: DOCUMENTS REQUIRED**

Document Description	Tick documents attached.
Copy of a current ASIC Company Extract	<input type="checkbox"/>
Copy of sale agreements	<input type="checkbox"/>
Copy of Partnership Agreement	<input type="checkbox"/>
Copy of Trust Deed and any amendments to the Trust Deed	<input type="checkbox"/>
Copy of Title to the property, Lease including any Sub-Lease or Transfer of Lease, or Occupancy Licence.	<input type="checkbox"/>
Copy of any loan agreements	<input type="checkbox"/>
Copy of Mortgage agreements	<input type="checkbox"/>
Copy of Guarantee documentation	<input type="checkbox"/>
Evidence of self-funding	<input type="checkbox"/>
Copy of franchise agreements	<input type="checkbox"/>
Copy of Licence agreement	<input type="checkbox"/>
Copy of any other agreement or arrangement that <ul style="list-style-type: none"> a) affects the day to day operation of the pharmacy business; b) affects the management of the pharmacy business; c) provides any person or company, other than the applicant, the right to: <ul style="list-style-type: none"> (i) control the manner in which the pharmacy business is carried on; (ii) access books of accounts or records kept with respect to the business; (iii) receive any consideration that varies in accordance with the profits or takings of the business. 	<input type="checkbox"/>
Copy of an ownership structure diagram	<input type="checkbox"/>