



**Form VP31**

**Victorian Pharmacy Authority**

Level 2, 15-31 Pelham St  
Carlton Vic 3053

Tel: 03 9653 1700

Email: [applications@pharmacy.vic.gov.au](mailto:applications@pharmacy.vic.gov.au)

**NOTIFICATION OF A CHANGE TO COMMERCIAL  
ARRANGEMENTS FOR A PHARMACY BUSINESS**

*PHARMACY REGULATION ACT 2010 (THE ACT)*

**INFORMATION SHEET**

The *Pharmacy Regulation Act 2010* (Vic) places restrictions on:

- who can own or have a proprietary interest in a pharmacy business; and
- who can control or influence the way in which a pharmacy business is carried on.

Pharmacy business owners may engage other person(s) or entities to provide management, marketing, franchising and other commercial services to a pharmacy business provided:

- 1) the person or entity does not enjoy any ownership or proprietary interest in the pharmacy business; and
- 2) the person or entity is not given the right to:
  - control the manner in which the pharmacy business is carried on;
  - access books of accounts or records kept with respect to the business;
  - receive any consideration that varies in accordance with the profits or takings of the business.

It is a condition of all licenses that the licensee must inform the Authority of any changes to the commercial arrangements pursuant to which a pharmacy business is conducted or proposed to be conducted **prior to those changes taking effect**.

Notifications are required in cases of proposed new/changed:

- Company details (refer to separate forms VP37a, VP39a on the VPA website);
- Partnership agreement or composition of partners;
- Licence agreements;
- Management/Marketing/Service agreements;
- Franchise agreements;
- Trusts, including:
  - Changes to trust deeds or declaration(s) of trust;
  - Changes to beneficiaries or classes of beneficiaries;
  - Changes to the trustee(s), appointer(s) or guardian of the trust(s);
  - The establishment of any new or further trusts in connection with a pharmacy business.

Where a trust is involved in the ownership of a pharmacy business or any proprietary interest in the pharmacy business is held pursuant to a discretionary trust, the licensee must inform the Authority of any distribution made to a beneficiary under the trust, within 14 days of such distribution occurring.

This form is to assist licencees to notify the Authority when a pharmacy business changes an existing arrangement or enters into any new commercial arrangement relating to that business.

**The Authority may revoke a licence if the licensee fails to inform it of any changes to the commercial arrangements pursuant to which the pharmacy business is operated or proposed to be operated.**



## Form VP31

### Victorian Pharmacy Authority

Level 2, 15-31 Pelham St

Carlton Vic 3053

Tel: 03 9653 1700

Email: applications@pharmacy.vic.gov.au

## NOTIFICATION OF A CHANGE TO COMMERCIAL ARRANGEMENTS FOR A PHARMACY BUSINESS

*PHARMACY REGULATION ACT 2010 (THE ACT)*

No application fee is required with this notification. Please use ONE form per Pharmacy Business

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.

**FORM IS TO BE COMPLETED BY THE OWNER(S) OF THE PHARMACY BUSINESS**

#### 1. Type of Business

Sole Proprietor     Partnership     Other (Specify)

#### 2. Name of the owner(s) of the pharmacy business:

Natural Person:

Pharmacist Registration No:

**AND/OR**

Company Name:

ACN:

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

#### 3. Name and address of the premises at which the pharmacy business is carried on:

Pharmacy Name:

Address:

P/Code:

4. Contact Details (for correspondence relating to this notification):

Name:

.....

Address:

.....

.....

P/Code:

Phone/Mobile:

.....

Email:

.....

5. Indicate the reason for your notification (Tick all that apply) and attach all relevant documents:

- New/changed Licence Agreement;
- New/changed Franchise Agreement;
- New/changed Service/Management/Marketing Agreement;
- New/changed Partnership arrangements;
- New/changed Trust(s) associated with Ownership of Business;
- Distribution made to a beneficiary under a trust;
- Other.

If 'Other' specify:

.....

.....

6. If notification is related to Trust Deed(s), list:

Name of Trust:

.....

Name of Trustee:

.....

Name of each Beneficiary or Unit Holder:

.....

.....

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

**7. List all documents attached to this notification**

Document Description	Tick documents attached.	Document Name
ASIC Company Extract (dated within 2 weeks of notification)	<input type="checkbox"/>	
Change of Pharmacy Business Name	<input type="checkbox"/>	
Licence Agreement	<input type="checkbox"/>	
Franchise Agreement	<input type="checkbox"/>	
Marketing Agreement	<input type="checkbox"/>	
Management Agreement	<input type="checkbox"/>	
Service Agreement	<input type="checkbox"/>	
Partnership Agreement	<input type="checkbox"/>	
Trust Deed(s) and any amendments to the Trust Deed(s)	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
	<input type="checkbox"/>	

There is no fee payable with this notification, however, please note the following:

**Important Note – Trust or other commercial arrangement assessment**

*All commercial arrangements including trust deeds will be examined by an Authority officer for compliance with the Act. If deemed non-compliant, licensees may be given the option of having the document(s) referred to the Authority's lawyers for preparation of a schedule of amendments necessary to ensure compliance, and the licensee will incur a fee. The fee for the preparation of these documents is **\$1,900.00 per commercial arrangement** (exempt from GST). See commercial arrangement guidance available at [www.pharmacy.vic.gov.au](http://www.pharmacy.vic.gov.au).*

**STATUTORY DECLARATION  
BY LICENSEE WHO IS A NATURAL PERSON**

(Name of pharmacist completing the notification)

I,

(Address)

of

Postcode:

Do solemnly and sincerely declare:

- (i) that **all** the information included in this notification 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 from this notification, and
- (ii) I am familiar with the *Pharmacy Regulation Act 2010*, and I will take all reasonable steps to maintain the premises and conduct the pharmacy business in accordance with that Act.

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

I make this solemn declaration by 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.*



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

Name:

Qualification:

Address:

P/Code:

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

**STATUTORY DECLARATION  
BY DIRECTOR/SECRETARY OF COMPANY LICENSEE**

(Name of person completing the notification on behalf of a company)

I,

Title (e.g. Director or Secretary)

(Name of Company)

(Address)

of

Postcode:

Do solemnly and sincerely declare:

- (i) that **all** the information included in this notification 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 from this notification, and
- (ii) I am familiar with the *Pharmacy Regulation Act 2010*, and I will take all reasonable steps to maintain the premises and conduct the pharmacy business in accordance with that Act.

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

I make this solemn declaration by 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.*



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

Name:

Qualification:

Address:

P/Code:

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