



**Victorian Pharmacy Authority**

Level 2, 15-31 Pelham St  
Carlton Vic 3053

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

**Form VP39a**

**NOTIFICATION:**  
of  
**APPOINTMENT as DIRECTOR of**  
or  
**ACQUISITION OF SHARES in**  
a  
**COMPANY LICENSED TO CARRY ON A PHARMACY BUSINESS**

1. **Name, registered address and registration number of the registered pharmacist making this notification:**

**Name:**

**Registration No:**

.....  
.....

**Address:**

.....  
.....

**P/Code**

.....

**Email:**

.....

2. **Name of licensed company**

Name .....

ACN No.....

Pharmacy Business Licence Number .....

3. **Appointment as Director: (Strike out if not applicable)**

I was appointed as a Director of the above company on .....  
(insert date)

4. **Acquisition of Shares: (Strike out if not applicable)**

I acquired .....shares in the above company on.....  
(insert number) (insert date)

**5. List the business or trading name and address of every pharmacy business that you own or in which you have a proprietary interest including those pharmacy businesses owned by the company that is the subject of this notification.**

*(‘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** .....

5.

.....  
..... **P/Code** .....

**STATUTORY DECLARATION**

I, \_\_\_\_\_  
(The name of the pharmacist making this notification)

of: \_\_\_\_\_  
(address)

\_\_\_\_\_ Postcode  
Do solemnly and sincerely declare:

- (1) that **all** the information included in this notification form 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  \_\_\_\_\_

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

Name \_\_\_\_\_

Qualification \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Signature of witness:  
\_\_\_\_\_

**Send to: VICTORIAN PHARMACY AUTHORITY**  
**Level 2, 15-31 Pelham St, Carlton Vic 3053 or Fax (03) 03 9653 1750**  
**or Email enquiries@pharmacy.vic.gov.au**

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.