



Application for approval—expansion/contraction in size of an existing pharmacy

Section 90 *National Health Act 1953*

Current approval number

I/we request approval under section 90 of the *National Health Act 1953* (the Act) to supply pharmaceutical benefits at the new premises described in 'Section 3' of this form with effect from/...../..... (anticipated opening date) and I/we request the cancellation of my/our approval to supply pharmaceutical benefits at the premises described in 'Section 2' of this form with effect immediately prior to the granting of approval in respect of the new premises.

1 Full name/s of applicant/s

Full name/s of applicant/s

1.
2.
3.
4.
5.
6.

(all current approved pharmacist/s or person/s acting on behalf of a friendly society or body corporate must be named)

If this application is being made on behalf of a friendly society or body corporate, supporting evidence must be provided that the person/s named above is/are authorised to make this application on behalf of

(name of organisation)

Postal address

Postcode

Contact phone number

()

Pharmacy phone number

()

2 Description of existing premises

Address

Postcode

3 Description of expanded/contracted premises

Pharmacy trading name

Address

Postcode

4 I/we have attached

- Evidence of legal right to occupy the new premises
- Floor plan of existing premises
- Floor plan of new premises

Do the new premises have direct public access from within a supermarket?

No Yes

5 Declaration

Signature/s

Date

- | | |
|-------------------------|----------------------|
| 1. <input type="text"/> | <input type="text"/> |
| 2. <input type="text"/> | <input type="text"/> |
| 3. <input type="text"/> | <input type="text"/> |
| 4. <input type="text"/> | <input type="text"/> |
| 5. <input type="text"/> | <input type="text"/> |
| 6. <input type="text"/> | <input type="text"/> |

(all current approved pharmacist/s or person/s acting on behalf of a friendly society or body corporate must sign and date this section)

Note: Giving false or misleading information is a serious offence.

Privacy note: The information provided by you on this form will be used to assess your application for expansion/contraction in size of an existing pharmacy under the *National Health Act 1953*. This information may be disclosed to the Department of Human Services, the Department of Health and Ageing, Department of Veterans' Affairs, the Australian Community Pharmacy Authority or as authorised or required by law.