



Australian Government

Department of Health and Aged Care

Application to carry on business as a pharmacist by a beneficiary of a deceased approved pharmacist

Purpose of this form

Complete this form to apply to the Australian Government Department of Health and Aged Care (department) for approval, under section 90 of the *National Health Act 1953* (Act), of a beneficiary of a deceased approved pharmacist to carry on business at the premises described in question 2 of this form.

For more information

Go to www.health.gov.au/pbsapprovedsuppliers. For assistance completing this form, email pbsapprovedsuppliers@health.gov.au and a departmental officer will contact you, or call **1800 316 389** (call charges may apply).

Returning your form

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

This form, and any related attachments, must be lodged via the PBS Approved Suppliers Portal (Portal) PBSApprovedSuppliers.health.gov.au.

Further information on how to lodge your form is available at www.health.gov.au/pbsapprovedsuppliers under Guides and Forms – *How to upload PDF forms or additional requested information*.

Please do **not** email your form as emailed forms may not be processed. Please do **not** email your form in addition to uploading it via the Portal as this adds to the processing time for all submissions.

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 department for the purposes of assessing your application for approval, as a beneficiary (or beneficiaries) of a deceased approved pharmacist at specified premises, to supply pharmaceutical benefits at those premises under section 90 of the Act.

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.

Description of pharmacy premises

1 Current approval number

2 Pharmacy business (trading) name

Building name

Unit Suite Shop Floor number

Street number

Street name

Suburb

State Postcode

3 Postal address (if different to above)

Postcode

4 Business phone number

Email

