Australian Government

Department of Health and Aged Care

Notification of change of pharmacy registered business (trading) name

Purpose of this form

Complete this form if you are notifying the Australian Government Department of Health and Aged Care (department) of a change of your pharmacy registered business (trading) name. If this involves a change to your Australian Business Number (ABN) and/or Australian Company Number (ACN), please attach supporting documentation.

Important information

This form does not replace an application to relocate your pharmacy or for a change of ownership.

For more information

Go to **www.health.gov.au/pbsapprovedsuppliers**.
For assistance completing this form, email details of your enquiry to **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*.

Your personal information is being collected in this form by the department for the purposes of processing your notification of change of pharmacy registered business name.

If you do not provide this information, the department will not be able to process your notification.

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**.

Applicant's details

1 Dr ☐ Mr ☐ Ms ☐ Other

Family name

First given name

2 Daytime phone number

Mobile phone number

Email

Pharmacy details

3 PBS approval number

4 Current pharmacy registered business name and address

Postcode

Notifying new pharmacy registered business name

Attach a copy of your approved change of pharmacy name from your relevant state/territory pharmacy approval authority.

5 New pharmacy registered business name

6 Date registered business name is to commence
(if registered business name has already changed, leave this field blank)

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Declaration

7 **I declare that**:

- I am the person authorised to notify the department of any changes.
- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Applicant's signature

Date

/ /

Clear form Print form