

Change of Ownership Form

*Please return the
completed form
by mail to:*

**The Chief Executive Officer
Pharmacy Of Your Choice
St Lukes Hospital
Pieta'**

Completing this form in its entirety and returning to Pharmacy Of Your Choice within the Ministry of Health, The Elderly and Community care, will allow us to expedite your request.

1 | Current Participant/Owner Information

Current Owner's Name	_____
Current Managing Pharmacist	_____
Pharmacy Name	_____
Pharmacy Licence Number	_____
Company Name <i>(if applicable)</i>	_____
Company MFSA Reg No	_____
Income Tax Number	_____
VAT Number	_____
Address	_____ _____ _____
E-Mail	_____
Tel No	_____

2 | New Participant/Owner Information

Complete this section to change the Participant/Owner:

New Owner's Name	_____
Managing Pharmacist	_____
Pharmacy Name	_____
Pharmacy Licence Number	_____
Company Name <i>(if applicable)</i>	_____
Company MFSA Reg No	_____
Income Tax Number	_____
VAT Number	_____
Address	_____ _____ _____
E-Mail	_____
Tel No	_____



3 | Important Ownership Change Considerations

Signing in Section 4 confirms the understanding and acceptance by all parties that the completion of this request may have one or more of the following effects on this account and its participant/owner(s):

1. A change of ownership may have medicines/other stock management issues in line with guidelines for Good Storage and Distribution practices of medicinals for human consumption. Please consult with POYC prior to making any changes to the ownership of your business.
2. VAT and Tax matters may be affected by a change of ownership.
3. POYC requires original signatures on the current form ONLY.
4. The change of ownership will not be binding until it is received in good order and acknowledged by POYC.
5. The change of ownership is effective on the Monday following the date of acknowledgement.
6. The change is effected without prejudice to POYC on account of any payment made or any action taken by POYC before the change request is received and acknowledged.
7. POYC assumes no responsibility for the validity or sufficiency of this change, and makes no representations regarding the vat or tax consequences of the ownership change.

Please consult directly with the POYC Unit for more detailed information regarding the effect a change of ownership will have on your participation in the scheme.

4 | Authorization & Signature Guarantees - THIS SECTION MUST BE COMPLETED

THIS FORM IS NOT VALID UNLESS IT IS SIGNED BY BOTH THE CURRENT OWNER(S) AND NEW OWNER(S).

Note: If you are signing as a legal representative for the Participant(s)/Owner(s), you must sign this form in your official capacity, not your individual capacity. You must also include the relevant documentation supporting your legal representation.

By signing this form below, I(we) acknowledge that I(we) have read and understood Section 3 of this form and have had the opportunity to obtain independent advice prior to signing this document.

<i>for office use only</i> Date received: Received By: POYC Stamp	Current Owner Signature	Date (dd/mm/yy)
	New Owner Signature	Date (dd/mm/yy)
	Pharmacy Stamp	