Northern Regional Alliance Limited
Level 2, 650 Great South Road
Penrose 1051
PO Box 112147
Penrose, Auckland 1642
Phone **+64 9 631 1485**
Fax **+64 9 589 3901**

Application for Pharmacy Agreement & Payee (Claimant) Number

Please complete this form and return to the Northern Regional Alliance, PO Box 112147, Penrose, Auckland 1642 or fax (09)-589 3901 or email contractadmin@nra.health.nz

Part 1: Pharmacy Details

Full Legal Entity Name (i.e. which is to appear on Agreement documentation, Compulsory):		
Pharmacy Trading Name:		
Physical Address of Pharmacy (Compulsory):		
Postal Address (If different from above):		
Phone:		
Fax:		
Email:		
Hours:		
Licence Number:		Pharmacy registered with Medsafe – The operators of community and hospital pharmacies are to be licensed under the provisions of the Medicines Act 1981 from 18 September 2004.

Please indicate the category that describes the pharmacy

☐ Sole Trader ☐ Friendly Society

☐ Partnership ☐ Trust

☐ Company ☐ Other – specify _____

Part 2: Reason for Application

Tick			Date of Change **(Compulsory)**
☐	New Pharmacy	No previous pharmacy on this site	/ /
☐	Change of Ownership	Specify name of pharmacy(s) closed:	/ / **Note: for change of ownership this date is the first day of trading as the new company**
☐	Amalgamation	Specify name of pharmacy(s) closed:	/ /
☐	Relocation	Specify name of pharmacy(s) closed:	/ /

Part 3: Proprietor Details

		Registration Number(s)
Registered Pharmacy Proprietor Name(s):		
Authorised Contact Person:		
Postal Address:		
Phone Number:		
Fax Number:		
Email Address:		

		Tick
Name of Negotiator on contractual Issues:	Myself	☐
	The Pharmacy Guild	☐
	Other – please specify:	☐

Has one or more of the proprietors previously owned a pharmacy *If yes, please list below:*	**Yes**	**No**

Name of previous pharmacy(s)	Ownership start date	Ownership end date

Part 4: Payment Details

Direct Credit Details **PLEASE ATTACH A DEPOSIT SLIP WITH APPLICATION** (Must match with legal entity name)

GST Registration (Please tick the appropriate box)

☐	**Yes, I am registered for GST. My number is:**										

☐	**No, I am not registered for GST.**

To the Pharmacist: If there is more than one proprietor, a decision is required by the proprietor(s) specified in Part 3 as to who is/are the authorised signatory/signatories.

_____	_____	___/___/___	_____
Provider Name (Printed)	**Position**	**Date**	**Signature**

Part 5: New Pharmacy – indicate which additional pharmacy services you are applying to provide:

Service Name	Tick Box
Special Foods	
Class B Controlled Drugs (Extended Service) *(Training certificates required for pharmacist(s))*	
Pharmacy Clozapine Service *(Training certificates required for pharmacist(s))*	

***Inclusion of the above services are not guaranteed and will need to be discussed on a case-by-case basis with your District Health Board**

CHECKLIST

(Please ensure that all of the attachments are enclosed with application as any missing documentation will create a delay in processing)

	Company Certificate of Incorporation
	Medsafe Licence Approval
	Bank Deposit Slip – Pre-printed or bank verified notification
	Training Certificates – If applying for additional services

Notes

1. The Northern Regional Alliance is managing approvals for Pharmacy Agreements.
2. Contact the Northern Regional Alliance if you have a query - by phone: (09)-631 1485 or email contractadmin@nra.health.nz
3. Sector Services Wanganui is responsible for all payments.
4. All inquiries about payments should be directed to Sector Services Wanganui by writing to Private Bag 3015, Wanganui 4541, or sending a fax to (06)-349 1983 or phoning 0800 353 2425 Option 1, or email customerservice@moh.govt.nz
5. In a change of ownership (Deed of Assignment) situation, the change of ownership date noted above becomes the date the current contract held is assigned over to the new owners. The date should be the **first day of trading as new owners.** This is also the cut-off date for prescription claims. The provider selling the business cannot make prescription claims for any period after the change of ownership date.