

Buyers Registration

By completing this form we will have a clear understanding of what you require. You will also automatically be added to our mailing list and notified of all new listings immediately they become available. We will also contact you personally if any confidential listings become available that match your buying criteria

Contact Details

Title *

Title

Given name(s)

Surname

Email Address *

Contact Number *

Address *

Street Address

Suburb

State

Postcode

Pharmacy Preferences

Turnover *

Type of Pharmacy *

Nominate a State *

Current Status

Do you currently own a pharmacy *

- Yes
- No

Have you spoken with a health lender? *

- Yes
- No

If so, please select which health lender

Would you like an introduction to an experienced health lender

- Yes
- No


By selecting "Yes" you are giving permission for Afirmmio to pass on your details to an experienced health lender

Additional information

The more information you supply the better we will be able to service your needs

Nominate a day and time for us to call.

IMPORTANT:

The  symbol means that you need to provide supporting documents. This form and the supporting documents can be sent to us using the following methods.

Scan and Email to - greg.aspeling@gaps.solutions
Post to: PO Box 335, Main Beach Qld 4211