



Data For IM (Information Memorandum) Preparation

Once you have submitted this form we will review it and be in touch if we require any further information to expedite the process of getting your pharmacy to the market asap. Thanks.

Names & Addresses

Pharmacy name *

ABN *

Registered business name *

PBS number *

Address of business *

Proprietor's name(s) *

Names of all partners

Primary contact first name *

Primary contact surname *

Primary contact phone *

Primary contact email address *

Do you have another contact person

Yes

Confidential mailing address

About your pharmacy

Date purchased

Date originally established (if known)

Original owner (if known)

Type of pharmacy

Strip Shopping Centre Medical Centre Other

NDSS

Yes No

Quality care

Yes No

Is the pharmacy approved for quality care?

Hospitals in your area?

Yes

No

Doctors in your area?

Yes

No

Software

Name of dispensing software *

Name of POS software *

Opioid treatment

Do you provide opioid treatment? *

Yes No

Charge per patient

Aged care

Do you service

Nursing Homes Hostels Retirement Homes Other

Do you conduct HMR reviews?

Yes No

Incentives

RMMR
 PPI
 Other

Please select all that apply

Do you receive Rural Pharmacy Maintenance Allowance?

Yes No

Please provide a copy of your quarterly "Pharmacy Remittance Advice" showing other income such as RPMA's, PPI's, etc. 

Staffing

Please provide staff roster

Wholesaler

Name of main supplier

Name of secondary supplier

Generics

Name of main supplier

Name of secondary supplier

Generic substitution rate

Percent

Lease

Do you own the freehold?

Yes No

Do you wish to sell the freehold?

Yes No

Will you lease the premises to a new owner?

Yes No

Term - include options

Years. Include Options

Date lease commenced

Current base rent per month (excluding GST)

Excluding GST

Outgoings per month (excluding GST)

Yearly increase %


percent


Please provide a copy of a current monthly rent invoice 

Please provide a copy of the lease 


Script reports


Please provide monthly reports for the current financial year 

Please provide one report for the previous financial year 

Please provide one reports for the previous, previous financial year 


Financial

Please provide an internal P&L for current financial year 

Please provide a P&L for the previons financial year 

Please provide a P&L for the previous, previous financial year 

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