



# Appointment of company officeholder and consent to act as SHPA director

## Appoint company officeholder (ACNC "Responsible Person")

Use this section to notify appointment of a company officeholder. You need to notify details separately for each new officeholder.

Role of appointed officeholder  
Select one or more boxes

 Director  
 Secretary

Date of appointment

Date of appointment

|    |    |   |    |    |   |    |    |
|----|----|---|----|----|---|----|----|
| 0  | 1  | / | 1  | 2  | 2 | 2  |    |
| [D | D] |   | [M | M] |   | [Y | Y] |

Name

The name of the appointed officeholder is (provide full given names, not initials)

|                      |                      |
|----------------------|----------------------|
| Family name          | Given names          |
| <input type="text"/> | <input type="text"/> |

Date of birth

|                      |                      |   |                      |                      |   |                      |                      |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> |
| [D                   | D]                   |   | [M                   | M]                   |   | [Y                   | Y]                   |

|                            |                      |
|----------------------------|----------------------|
| Place of birth (town/city) | (state/country)      |
| <input type="text"/>       | <input type="text"/> |

Former name  
Eg change by deed poll or marriage

Their previous name was (provide full given names, not initials)

|                      |                      |
|----------------------|----------------------|
| Family name          | Given names          |
| <input type="text"/> | <input type="text"/> |

Residential address

The residential address of the appointed officeholder is

Street number and Street name

|                      |                      |
|----------------------|----------------------|
| Suburb/City          | State/Territory      |
| <input type="text"/> | <input type="text"/> |

|                      |                            |
|----------------------|----------------------------|
| Postcode             | Country (if not Australia) |
| <input type="text"/> | <input type="text"/>       |

Directorship in other public companies (if any)

## CONSENT TO ACT AS DIRECTOR OF THE SOCIETY OF HOSPITAL PHARMACISTS OF AUSTRALIA

Date: \_\_\_\_\_

Signature: \_\_\_\_\_