

DECLARATION

ALL PDA MEMBERS and first time applicants **MUST complete this declaration** for the 2012 calendar year, and all future years, to ensure the Association meets the requirements of the insurer. If this declaration is not completed and returned to us, **you will NOT have any PDA protection** in the event of an incident occurring.

Part A Pharmacy Proprietor or Manager

I a New Zealand registered pharmacist (PSNZ No), (Reg No)
being a partner or shareholder and/or the manager

**PSNZ NO. WILL BE DIFFERENT FROM REG NO. IF
REGISTERED AFTER SEPT 2004**

Of: Pharmacy

Declare that:

1. I am not aware of any claim that has been made against me or the above named pharmacy.
2. I am not aware of any circumstances which may give rise to any claim against me or the above named pharmacy, other than any circumstances or claims already disclosed to the Pharmacy Defence Association.
3. I am neither subject to disciplinary proceedings nor are such proceedings pending.

Signature.....

date...../...../.....

Part B Non-Proprietor Pharmacist

I a New Zealand registered pharmacist (PSNZ No), (Reg No)

**PSNZ NO. WILL BE DIFFERENT FROM REG NO. IF
REGISTERED AFTER SEPT 2004**

Declare that:

1. I am not aware of any claim that has been made against me
2. I am not aware of any circumstances which may give rise to any claim against me other than any circumstances or claims already disclosed to the Pharmacy Defence Association.
3. I am neither subject to disciplinary proceedings nor are such proceedings pending.

Signature.....

date...../...../.....

Part C Pharmacist – Non Retail Sector

I a New Zealand registered pharmacist (PSNZ No), (Reg No)

**PSNZ NO. WILL BE DIFFERENT FROM REG NO. IF
REGISTERED AFTER SEPT 2004**

being the sole/part principal of

a NZ registered or incorporated entity describing my professional pharmacy activities as.....

Declare that:

1. I am not aware of any claim that has been made against me
2. I am not aware of any circumstances which may give rise to any claim against me other than any circumstances or claims already disclosed to the Pharmacy Defence Association.
3. I am neither subject to disciplinary proceedings nor are such proceedings pending.

Signature.....

date...../...../.....

Please return the signed declaration to:

Pharmacy Defence Association Inc, PO Box 11640, Manners Street, Wellington 6142. **Fax: 04 802 8208**