

What's Your Pharmacy Worth?
Please print and complete and either fax to 1800 670 877 or email to
info@ravens.com.au

PROPRIETOR'S NAME/S (% HOLDING IF PARTNERS): _____

PHARMACY NAME: _____ **ABN:** _____

ADDRESS OF BUSINESS: _____ **P.B.S. NUMBER:** _____

MAILING ADDRESS: _____

BUSINESS PHONE: _____ **BUSINESS FAX:** _____

PRIVATE PHONE: _____ **PRIVATE FAX:** _____

EMAIL: _____ **MOBILE:** _____

To enable us to give you a reasonable assessment of the sale price of your pharmacy, would you please send us the following figures:

PROFIT & LOSS

Last 3 years figures including the Disclaimer Cover Sheet from your accountant showing their name and address.

CURRENT SALES (EXCLUSIVE OF GST) (INCLUDING PBS CHEQUES)

- From 1 July 2010 to 30th June 2011 or full profit & loss if available. For a potential projection \$.....
the same period for the previous year \$.....

CURRENT STAFF ROSTER FOR A TYPICAL TRADING WEEK (SEE PAGE 2)

Please complete the attached roster sheet.

STOCK

Amount: _____

SHOP LEASE:

OR if you own the freehold what terms would you offer:

Date of commencement of lease: _____ Floor Area: _____

Term of Lease: _____ Years PLUS options _____ years = _____ Total years

Yearly increase %: _____ -

Current rent per year \$ _____ PLUS est. Outgoings \$ _____ (excluding GST) = \$.....

PRESCRIPTIONS

A one page printout of all items dispensed for the past 12 months showing the number of scripts dispensed in each category and the dollar value. (1st July 2010 to June 30th 2011.)

www.ravens.com.au

Licensed Real Estate Agents & Business Brokers
Specialising in the Sale of Pharmacies Australia Wide

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Email: info@ravens.com.au
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Joan Raven, LREA/LBB
Ian Raven LREA/LBB Peter Raven LREA/LBB

TRADING HOURS

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY
 to to..... to to to..... to to

CURRENT STAFFING

Month: _____ Year: **2012**

Only list persons who actually work in the pharmacy. If there are people who are paid wages but do not actually work in the pharmacy, make a special note.

POSITION	TOTAL HOURS WORKED WEEKLY	GROSS WEEKLY WAGES \$
Pharmacist / Owner		
Pharmacist		
Pharmacist		
Technician Assistant		
Shop Assistant		
Shop Assistant		
Shop Assistant		
Shop Assistant		
Shop Assistant		
Shop Assistant		
Shop Assistant		
Shop Assistant		
Shop Assistant		
Shop Assistant		
Other		

COMMENTS ON AVAILABILITY OF RELIEVERS (AND COST PER HOUR) IN THE AREA:

Optional

DOCTORS NEARBY: _____ (NUMBER & DISTANCE): _____

SHOPPING CENTRE OR STRIP: _____ NAME OF CENTRE: _____

NUMBER OF SHOPS: _____ MAIN STORES: _____

SHOPS NEAREST TO YOU: _____

OTHER COMMENTS: _____

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 Joan Raven, LREA/LBB
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