

## OWNERSHIP TRANSFER AFFIDAVIT

Pharmacy Name \_\_\_\_\_

Pharmacy's Present Vendor Number \_\_\_\_\_

When there is a transfer of ownership of a pharmacy that has an existing contract with the Texas Health and Human Services Commission Vendor Drug Program, this form must be completed and returned with a completed contract application packet. All signatures must be notarized. The person authorized by the Board of Directors of a corporation must sign for a corporation. A Board of Directors Resolution form is enclosed in the application packet. For a partnership, a general partner must sign; a limited liability company, the authorized member must sign; a sole proprietorship, the proprietor must sign.

Name and address of Seller's Business or Corporation as it Appears on existing contract \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

Has been (or will be) sold to

Name and address of Buyer's Business or corporation (Name) \_\_\_\_\_

\_\_\_\_\_  
(Address)

With the effective date of Ownership transfer being \_\_\_\_\_  
(Month) (Day) (Year)

The parties understand and agree that the Seller is primarily responsible to the Texas Health and Human Services Commission for any net audit exceptions which may have accrued during the Seller's period of ownership or responsibility; after any net audit exceptions have been deducted therefrom, any vendor payments which have accrued up to the date of ownership transfer should be mailed to:

\_\_\_\_\_  
(Name) (Address)

**The Buyer's right to vendor payments will begin only after the Buyer has obtained a new, fully executed contract with the Texas Health and Human Services Commission.**

\_\_\_\_\_  
(Seller) Name of Business or Corporation

\_\_\_\_\_  
(Buyer) Name of Business or Corporation

By \_\_\_\_\_  
(Signature)

By \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Position in Business

\_\_\_\_\_  
Position in Business

**Seller's Affirmation**

State of \_\_\_\_\_

County of \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_  
\_\_\_\_\_ known to me to be the person(s) whose name(s) is (are) subscribed to the  
foregoing instrument and who, being duly sworn by me, states that the above and foregoing information  
supplied in the instrument is complete, true and correct.

Sworn to and subscribed before me, \_\_\_\_\_ this \_\_\_\_\_ day  
of \_\_\_\_\_, in the year \_\_\_\_\_.

Notary Public in and for \_\_\_\_\_

County of \_\_\_\_\_

**Buyer's Affirmation**

State of \_\_\_\_\_

County of \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_  
\_\_\_\_\_ known to me to be the person(s) whose name(s) is (are) subscribed to the  
foregoing instrument and who, being duly sworn by me, states that the above and foregoing information  
supplied in the instrument is complete, true and correct.

Sworn to and subscribed before me, \_\_\_\_\_ this \_\_\_\_\_ day  
of \_\_\_\_\_, in the year \_\_\_\_\_.

Notary Public in and for \_\_\_\_\_

County of \_\_\_\_\_