Protecting the public Regulating pharmacists and pharmacies

**CLOSED PHARMACY DETAILS** 

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**Notice** 

## **CLOSURE OF PHARMACY**

## **INSTRUCTIONS**

When do I use this form? This form is to be lodged with the Pharmacy Council of NSW (the Council) when a pharmacy has ceased trading and closed.

When do I need to lodge this Notice? This Notice must be lodged with the Council within 14 days of closure of the pharmacy. Fines apply for failure to notify the Council within the required timeframe.

Where can I get help in completing this Notice? This Notice should be completed with reference to 'The Guide,' the Health Practitioner Regulation National Law (NSW) ('the Law') and the Health Practitioner Regulation (NSW) Regulation 2010 ('the Regulation'). 'The Guide' is available on the Council's website under the 'Resources' tab at <a href="https://www.pharmacycouncil.nsw.gov.au/">https://www.pharmacycouncil.nsw.gov.au/</a>. The services of a lawyer, accountant or pharmacy broker may also assist.

Pharmacy Name					
Pharmacy Registration No PC [see Guide Note 1 'Definitions - Pharmacy Registration Numbers']					
Street Address					
	Postcode				
CONTACT FOR THIS NOTICE					
Name					
Email	Tel				
Date of Closure					
Reason for Closure (optional)					

## 1 OWNERSHIP DETAILS

Ownership:	Sole Owner $\square$	Partnership $\square$	Pharmacists' Body Corporate	
Name of Phar	macists' Body Corpoi	rate (if applicable):		
DECI ARATION	N BY PHARMACIST O	WNFRS/HOLDERS OF	A FINANCIAL INTERE	est in the (CLOSED)
PHARMACY	V DI I IIAMWACISI O	WINENS, HOLDERS OF	A I IIVAIVOIAL IIVI LIKI	ist in the (ceoses)
pharmacy imr The provision	nediately prior to its of information you	s closure, that the info	ormation provided i	s correct and complete.
If more than s schedule.	six partners / membe	ers of a Pharmacists' B	ody Corporate, plea	se attach a separate
acist 1:			ДНΛ	
Signature			Date _	
acist 2:			DUA	
ruii Name			PHA _	
Signature			Date _	
acist 3:				
Full Name			PHA _	
Signature			Date _	
acist 4:				
Full Name			PHA _	
Signature			Date _	
acist 5:			5114	
Full Name			PHA _	
Signature			Date _	
acist 6:				
Full Name			PHA _	
Signature			Date _	
	DECLARATION PHARMACY  The following pharmacy immore than sected to the section of the provision professional control of the profession	DECLARATION BY PHARMACIST OF PHARMACY  The following signatures are a decepharmacy immediately prior to its The provision of information you professional conduct.  If more than six partners / memberschedule.  acist 1: Full Name  Signature  acist 2: Full Name  Signature  acist 3: Full Name  Signature  acist 4: Full Name  Signature  acist 5: Full Name  Signature	DECLARATION BY PHARMACIST OWNERS/HOLDERS OF PHARMACY  The following signatures are a declaration by the pharm pharmacy immediately prior to its closure, that the information you know to be incorrect of professional conduct.  If more than six partners / members of a Pharmacists' B schedule.  acist 1: Full Name  Signature  Signature  Signature  acist 3: Full Name  Signature  acist 4: Full Name  Signature  acist 5: Full Name  Signature  acist 5: Full Name  Signature  acist 6: Full Name	DECLARATION BY PHARMACIST OWNERS/HOLDERS OF A FINANCIAL INTEREPHARMACY  The following signatures are a declaration by the pharmacist(s), who held a pharmacy immediately prior to its closure, that the information provided it The provision of information you know to be incorrect or incomplete may or professional conduct.  If more than six partners / members of a Pharmacists' Body Corporate, pleaschedule.  acist 1: Full Name PHA Signature Date  acist 2: Full Name PHA Signature PHA PHA PHA Signature PHA