

## Notice

### CLOSURE OF PHARMACY

To be completed when a pharmacy is to cease trading and close.

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').

This notice is to be lodged with the Pharmacy Council of New South Wales ('the Council') **within 14 days** of closure. If you are selling/transferring a financial interest in a pharmacy to another pharmacist a 'Notice of Disposal of Financial Interest in a Pharmacy' form must be lodged. **Fines apply for failure to notify the Council within the required timeframe.**

#### PHARMACY DETAILS

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

Pharmacy Registration No \_\_\_\_\_ PC \_\_\_\_\_  
[see Guide Note 2 'Definitions - Pharmacy Registration Numbers']

Street Address \_\_\_\_\_

Postcode \_\_\_\_\_

#### CONTACT FOR THIS NOTICE

Name \_\_\_\_\_

Email \_\_\_\_\_ Tel \_\_\_\_\_

Date of Closure \_\_\_\_\_

Reason for Closure (optional)

\_\_\_\_\_  
\_\_\_\_\_

**OWNERSHIP DETAILS**

Ownership:            Sole Owner             Partnership             Pharmacists' Body Corporate

Name of Pharmacists' Body Corporate (if applicable) \_\_\_\_\_

**DECLARATION BY PHARMACIST OWNERS OF THE (CLOSED) PHARMACY**

The following signatures are a declaration by the pharmacist(s), who held a financial interest in the pharmacy immediately prior to its closure, that the information provided is correct and complete. The provision of information you know to be incorrect or incomplete may constitute unsatisfactory professional conduct.

**If more than six partners / members of a Pharmacists' Body Corporate, please attach a separate schedule.**

Pharmacist 1:  
Full Name            \_\_\_\_\_            PHA            \_\_\_\_\_

Signature            \_\_\_\_\_            Date            \_\_\_\_\_

Pharmacist 2:  
Full Name            \_\_\_\_\_            PHA            \_\_\_\_\_

Signature            \_\_\_\_\_            Date            \_\_\_\_\_

Pharmacist 3:  
Full Name            \_\_\_\_\_            PHA            \_\_\_\_\_

Signature            \_\_\_\_\_            Date            \_\_\_\_\_

Pharmacist 4:  
Full Name            \_\_\_\_\_            PHA            \_\_\_\_\_

Signature            \_\_\_\_\_            Date            \_\_\_\_\_

Pharmacist 5:  
Full Name            \_\_\_\_\_            PHA            \_\_\_\_\_

Signature            \_\_\_\_\_            Date            \_\_\_\_\_

Pharmacist 6:  
Full Name            \_\_\_\_\_            PHA            \_\_\_\_\_

Signature            \_\_\_\_\_            Date            \_\_\_\_\_