



PHARMACY REGISTRATION No.
If not known, leave blank

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TASMANIAN PHARMACY AUTHORITY

ABN 34 562 572 269

VERSION 2016

Completed Form can be emailed to:
registrar@pharmacyauthority.tas.gov.au

PO Box 1082 Sandy Bay TAS 7005
Telephone: 0417 752 348

NOTICE OF CLOSURE OF PHARMACY

If the Pharmacy is closing due to it being **relocated**, lodgement of this form is **not** required, as all requisite information will be covered on:

Form PNR - Application for the Approval and Registration of New/Relocating Pharmacy Premises.

If you are selling or transferring an interest (ownership) in a pharmacy, do **not** use this form. Please use:

Form CO – Application for Approval of a Change of Ownership of Pharmacy.

Name of Pharmacy: _____

Street Address of Pharmacy: _____

This Pharmacy is to/has ceased trading effective from: _____/_____/20_____

Contact details for correspondence about this notice:

Name: _____

Postal Address: _____

Email Address: _____

Phone Number(s): _____

I/We declare that:

- All patient and statutory records will be stored consistently with legislative requirements and all patient records will be dealt with such that there is no infringement of the Personal Information Protection Act 2004 or any other legislative requirement
- Any remaining pharmacy stock of scheduled substances will be/has been supplied to a person authorised under the Poisons Act 1971 to obtain and possess those scheduled substances
- Any signs which refer to the premises being a pharmacy will be removed within seven (7) days of closure.
- Internet references, including those under the control of the pharmacy proprietor (such as a pharmacy business website) and those under the control of a third party (such as shopping centre or marketing group websites) will be removed within fourteen (14) days of closure
- The pharmacy stationery, labels, letterhead and other similar documents will no longer be used

Each partner/owner* in this pharmacy must sign this notice

OWNER	DETAILS of OWNER*	SIGNATURE	DATE
<p>*You must indicate whether your interest type is as a sole trader, a partner, as a trustee (specifying the name of that trust), or as a body corporate. In the case of a body corporate which holds an interest (either in its own right or as a trustee), <i>either two (2) directors, or one director and the Company Secretary</i> must sign on behalf of the body corporate</p>			
1	NAME		
	INTEREST TYPE*		
	NAME of TRUST or BODY CORPORATE <i>N/A if not applicable</i>		
2	NAME		
	INTEREST TYPE*		
	NAME of TRUST or BODY CORPORATE <i>N/A if not applicable</i>		
3	NAME		
	INTEREST TYPE*		
	NAME of TRUST or BODY CORPORATE <i>N/A if not applicable</i>		
4	NAME		
	INTEREST TYPE*		
	NAME of TRUST or BODY CORPORATE <i>N/A if not applicable</i>		
5	NAME		
	INTEREST TYPE*		
	NAME of TRUST or BODY CORPORATE		
6	NAME		
	INTEREST TYPE*		
	NAME of TRUST or BODY CORPORATE <i>N/A if not applicable</i>		
7	NAME		
	INTEREST TYPE*		
	NAME of TRUST or BODY CORPORATE <i>N/A if not applicable</i>		
8	NAME		
	INTEREST TYPE*		
	NAME of TRUST or BODY CORPORATE <i>N/A if not applicable</i>		
9	NAME		
	INTEREST TYPE*		
	NAME of TRUST or BODY CORPORATE <i>N/A if not applicable</i>		
10	NAME		
	INTEREST TYPE*		
	NAME of TRUST or BODY CORPORATE <i>N/A if not applicable</i>		

False Declaration: A person found guilty of making a false or misleading statement is guilty of an offence and is liable to a penalty of up to 100 penalty units (Section 68, Pharmacy Control Act 2001).

The Tasmanian Pharmacy Authority advises you to contact all other relevant authorities, including:

- The Pharmaceutical Services Branch, Department of Health and Human Services, Tasmanian Government
- The Department of Human Services, Australian Government, Pharmaceutical Benefits Scheme
- The Australian Securities and Investments Commissions, Business Name Registration

COMPLETED FORMS CAN BE EMAILED TO: registrar@pharmacyauthority.tas.gov.au

NB: If, after lodgement of this form, circumstances arise which alter the closing date of this pharmacy, please contact the Authority as soon as possible.

PERSONAL INFORMATION PROTECTION STATEMENT

Personal information will be collected from you by the Tasmanian Pharmacy Authority for the purpose of administering the ownership and registration of Tasmanian pharmacy business premises. Your personal information will be used for the primary purpose for which it is collected, and may be disclosed to contractors and agents of the Tasmanian Pharmacy Authority, law enforcement agencies, Medicare Australia, the Australian Health Practitioner Regulation Agency, the Pharmaceutical Services Branch of the Department of Health and Human Services, courts and other organisations authorised to collect it. Your personal information will be managed in accordance with the *Personal Information Protection Act 2004*. You may access your personal information on request to the Tasmanian Pharmacy Authority. You may be charged a fee for this service.