

PC Version 2024.1	TASMANIAN PHARMACY AUTHORITY Email: registrar@pharmacyauthority.tas.gov.au Telephone: 0417 752 348 ABN 34 562 572 269
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Notification of Closure of a Pharmacy

Pursuant to the *Pharmacy Control Act 2001*, s71KG(2)

This form is only to be used if the pharmacy business is permanently ceasing to operate. If the pharmacy business is relocating to new premises use 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.

If you have any questions please phone the Registrar.

Dens completed forms to registrar@pharmacyauthoirty.tas.gov.au

Incomplete forms will be returned.

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

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

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 (*Pharmacy Control Act 2001*, s68)

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 written request to the Tasmanian Pharmacy Authority. You may be charged a fee for this service.

1. The Pharmacy Premises

Pharmacy Name				
Address				
Phone			Fax	
Email				
TPA identifier				
P	Y			

2 Contact Details – for all correspondence in relation to this notification

Name
Phone
Email

3. Closure Details

This pharmacy has ceased/will cease trading effective from ____/____/____

4. Declaration

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

5. Ownership

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

*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), either two (2) directors, or one director and the Company Secretary must sign on behalf of the body corporate

Owner	Details of owner		Signature	Date
1	Name			
	Interest type			
	Name of Trust or Body Corporate			
2	Name			
	Interest type			
	Name of Trust or Body Corporate			
3	Name			
	Interest type			
	Name of Trust or Body Corporate			
4	Name			
	Interest type			
	Name of Trust or Body Corporate			
5	Name			
	Interest type			
	Name of Trust or Body Corporate			
6	Name			
	Interest type			
	Name of Trust or Body Corporate			
7	Name			
	Interest type			
	Name of Trust or Body Corporate			