



**Victorian Pharmacy Authority**

Level 2, 15-31 Pelham St  
Carlton Vic 3053

Tel: 03 9653 1700 ~ Fax: 03 9653 1750 ~ Email: enquiries@pharmacy.vic.gov.au

**Form VP37a**

**NOTIFICATION of RESIGNATION as DIRECTOR of, or DISPOSAL OF SHARES in, a COMPANY LICENSED TO CARRY ON A PHARMACY BUSINESS**

**1. Name licensed company**

(Name).....

ACN No.....

**2. Resignation as Director: (Strike out if not applicable)**

I, ..... ceased to be Director  
(insert name of pharmacist)

of the above company on .....  
(insert date)

**3. Disposal of Shares: (Strike out if not applicable)**

I, ..... ceased to hold shares or  
(insert name of pharmacist)

have a beneficial or legal interest in shares in the above company on:

.....  
(insert date)

**Signed:**

Signature: .....

Signature: .....

**Send to: VICTORIAN PHARMACY AUTHORITY**  
Level 2, 15-31 Pelham St, Carlton Vic 3053 or Fax (03) 03 9653 1750  
or Email enquiries@pharmacy.vic.gov.au