



Victorian Pharmacy Authority

ABN 77 875 845 822

Level 2, 15-31 Pelham St,

Carlton Vic 3053

Tel: 03 9653 1700

Fax: 03 9653 1750

Email: enquiries@pharmacy.vic.gov.au

NOTIFICATION OF SETTLEMENT OF THE PURCHASE OF A PHARMACY BUSINESS & PAYMENT OF PHARMACIST OWNER LICENCE FEE

NOTIFICATION OF SETTLEMENT

Name of new owner

(Reg No).....

Contact email

Business or trading name of the pharmacy:

Settled purchase of the pharmacy business at: (if more than one pharmacy, please use a different form for each)

Street Address

Suburb

Postcode

Premises email

on (insert date of commencement of new ownership):

/ /

Name of the Pharmacist in charge of day to day operations of the pharmacy:

Name(s) of all other owners of the pharmacy business

Signed: new owner:

Signature:

Date:

ANNUAL LICENCE FEE PAYMENT

Enclosed is payment of the pro-rata annual licence in accordance with the fee schedule below.

Fee Schedule valid for period 1 May 2019 to 30 April 2020

Table with 2 columns: Notification date, Pro-rata Licence fee. Rows include periods from 1 July to 30 September, 1 October to 31 December, 1 January to 31 March, and 1 April to 30 June.

Payment method (Please tick [x]) CHEQUE Payable to Victorian Pharmacy Authority

MONEY ORDER [] CREDIT CARD (CC) []

VISA or MASTERCARD ONLY

(Please circle) Name on credit card

Credit Card Number: []

Expiry Date: [] [] / [] []

CVV [] [] []

SIGNATURE OF CREDIT CARD HOLDER

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