



Victorian Pharmacy Authority

Level 2, 15-31 Pelham St

Carlton Vic 3053

Tel: 03 9653 1700

Email: enquiries@pharmacy.vic.gov.au

Form VP34

NOTIFICATION OF CLOSURE OF REGISTERED PHARMACY PREMISES

Address of registered premises

The Pharmacy Pharmacy Department Pharmacy Depot (*Select one*) at:

Street Address

Suburb

Postcode

permanently closed for business on:

Name of licensee

Signature of licensee or authorised agent of licensee

Name of agent (if signed by agent)

<----Select date from drop down

(day/month/year) dd/mm/yyyy

Date of notification

Send to: VICTORIAN PHARMACY AUTHORITY

Level 2, 15-31 Pelham Street, Carlton Vic 3053

or Email enquiries@pharmacy.vic.gov.au

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