



**Victorian Pharmacy Authority**

Level 2, 15-31 Pelham St  
Carlton Vic 3053

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

**Form VP37**

**NOTIFICATION of TRANSFER or SALE OF OWNERSHIP OF PHARMACY BUSINESS  
or PHARMACY DEPARTMENT**

**Name:**

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ACN No. (if company) ----- Reg No (if pharmacist) -----

**Ceased to own or have a proprietary interest in the pharmacy business / pharmacy department trading as:**

**Business or trading name of the pharmacy / pharmacy department:**

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**At:**

**Address of Pharmacy / Pharmacy department:** *(if more than one pharmacy, use a different form for each)*

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**Street Address**

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**Suburb/City**

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**Postcode**

**On:** *(date ownership ceased):*

<-----Select date from drop down

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(day/month/year)

***Signature of the person making this notification:***

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***Name of the person making this notification in block letters:***

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***Name of purchaser of pharmacy business / pharmacy department (This question is optional)***

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