



Victorian Pharmacy Authority

Level 8, 369 Royal Parade

Parkville VIC 3052

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:

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:

At:

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

Street Address

Suburb/City

Postcode

On: *(date ownership ceased):*

<-----Select date from drop down

(day/month/year)

Signature of the person making this notification:

Name of the person making this notification in block letters:

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

Send to: VICTORIAN PHARMACY AUTHORITY

Level 8, 369 Royal Parade Parkville VIC 3052

or Email enquiries@pharmacy.vic.gov.au