



**Victorian Pharmacy Authority**

Level 2, 15-31 Pelham St

Carlton Vic 3053

Tel: 03 9653 1700

Email: [enquiries@pharmacy.vic.gov.au](mailto:enquiries@pharmacy.vic.gov.au)

**Form VP34**

**NOTIFICATION OF CLOSURE OF REGISTERED PHARMACY PREMISES**

**Address of registered premises**

The Pharmacy / Pharmacy Department / Pharmacy Depot (*Circle 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):

..... / .....

(day/month/year)

**Date of notification:**

**Send to: VICTORIAN PHARMACY AUTHORITY**

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

or Email [enquiries@pharmacy.vic.gov.au](mailto:enquiries@pharmacy.vic.gov.au)

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