



Victorian Pharmacy Authority

Level 2, 15-31 Pelham St
Carlton Vic 3053

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

Form VP37a

**NOTIFICATION of RESIGNATION as DIRECTOR of, or DISPOSAL OF SHARES
in, a COMPANY LICENSED TO CARRY ON A PHARMACY BUSINESS**

1. Name licensed company

(Name).....

ACN No.....

2. Resignation as Director: (Strike out if not applicable)

I, ceased to be Director
(insert name of pharmacist)

of the above company on
(insert date)

3. Disposal of Shares: (Strike out if not applicable)

I, ceased to hold shares or
(insert name of pharmacist)

have a beneficial or legal interest in shares in the above company on:

.....
(insert date)

Signed:

.....
Signature:

.....
Signature:

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