



# 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:**

**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):*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(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 2, 15-31 Pelham St, Carlton Vic 3053**

**or Email enquiries@pharmacy.vic.gov.au**