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| **GENERAL INFORMATION** |
| * This form is to notify the Pharmacy Premises Committee (the Committee) of a closure of a pharmacy business, professional services premises or a pharmacy department in the Northern Territory.
* All parts of the form must be completed.
* Completed forms must be submitted to the Committee Registrar by:
* Post Registrar Pharmacy Premises Committee

PO Box 40596Casuarina NT 0811* + Email ppcregistrar@nt.gov.au
 |

**DECLARATION NOTICE OF CLOSURE**

Details of pharmacy: Pharmacy Business

*(please circle one)* Professional Services Premises

 Pharmacy Department

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

at (address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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will be permanently closed on: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Signature of Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of declaration: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Relationship to pharmacy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(proprietor/legal representative etc.)*