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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 40596  Casuarina NT 0811   * + Email [ppcregistrar@nt.gov.au](mailto: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.)*