

FOR USE BY PERSONS OTHER THAN CHEMISTS

APPLICATION FOR TEMPORARY RELOCATION OF PHARMACY PREMISES

To the _____ HEALTH AND PERSONAL SOCIAL SERVICES BOARD.

1. I/We _____
of _____

apply to have my/our name(s) included in the pharmaceutical list for the provision of pharmaceutical services from the premises specified in section 2(a) below; the application is in respect of the temporary relocation of premises from which I/we currently provide pharmaceutical services.

2. (a) The premises from which I/we propose to provide pharmaceutical services are at:

(b) The premises from which is proposed to provide pharmaceutical services are registered by the Pharmaceutical Society of Northern Ireland in my/our names

YES/NO

NB

PREMISES MUST BE REGISTERED BY THE PHARMACEUTICAL SOCIETY OF NORTHERN IRELAND UNDER THE MEDICINES ACT 1968 ALTHOUGH AN APPLICATION FOR TEMPORARY RELOCATION CAN BE LODGED IN ADVANCE OF REGISTRATION

(c) The temporary relocation is for the following reasons:

(d) If this application is granted I/we undertake to cease providing pharmaceutical services from the premises named in section 1.

3. I/we undertake to resume the provision of pharmaceutical services from the premises named in section 1 within 12 months from the date of this application.

Signed _____

Date _____