

1. Details of pharmacy premises being voluntarily removed

1.1 Premises registration number

Premises registration numbers can be found at www.pharmacyregulation.org.

1.2 Date of removal

Please do not submit this form if the date of removal is unknown or only proposed.

1.3 GPhC owner number

1.4 Trading name of premises

1.5 Premises address

Postcode

2. Body corporate/ NHS trust making application (if applicable)

2.1. Name of body corporate and companies house number / NHS trust

2.2. Address of body corporate/ NHS trust

Postcode

2.3. Superintendent GPhC registration number

2.4. Superintendent name

2.5. Director Information

Title	First Names	Surname (Family names)	GPhC Registration Number (if applicable)

Please continue on a separate sheet if necessary

3. Sole traders or partnership making application (if applicable)

3.1. Sole trader or First Partner GPhC registration number

3.2. Name of sole trader/ partner

3.3. Partner GPhC registration number

3.4. Name of partner

3.5. Sole trader's home address or principal address of partnership

Postcode

4. NHS contractual arrangements (if applicable)

4.1. Name of hospital. PCT, health board

5. Nature of business

5.1. Type of pharmacy (tick one)

High street/ community

Exhibition

Hospital

Mail order/ internet

6. Contact details of individual making the application

6.1. Name

6.2. Address

Postcode

6.3. Position held in body corporate (if applicable)

6.4. Phone number

6.5. Email address

7. Declaration

I declare that:

- 7.1. I am applying for voluntary removal of pharmacy premises from Part 3 of the register as I will no longer be conducting a retail pharmacy business from the premises detailed in Section 1 of this application form.
- 7.2. I am not aware of any investigation by any enforcement or regulatory body, or proceedings brought by such a body that relate to these premises.
- 7.3. The information that I have provided in this application for registration is complete, true and accurate.

Name

Signature

Date

Please email the completed form to **premises@pharmacyregulation.org**, or post your completed form to: Premises Registration, The General Pharmaceutical Council, 25 Canada Square, London, E14 5LQ.