

73 University Street,  
Belfast,  
BT7 1HL,  
Telephone: 02890 326927  
Fax: 02890 439919  
Email: registration@psni.org.uk



### APPLICATION FOR TRANSFER OF OWNERSHIP OF EXISTING PHARMACY PREMISES

Please complete all relevant sections of the form

#### Section 1- Previous Owner Details

Owner Name/s

Trading Name  
(on fascia sign)

#### Signature of Previous Owner/Superintendent/Director

(Please circle position)

Please Print Name

#### Section 2 – New Owner Details (Please fill in section a) or section b).)

##### a) Sole Trader or Partnership taking over business –

Surname

Forenames

Registration Number

Please add extra names on an attached page

##### b) Body Corporate taking over business –

Name of Body Corporate

Address of Company Headquarters

Please attach a Nomination of Superintendent Form to this application if you have formed a Body Corporate not previously registered with the Society.

#### Section 3 a) – New Trading Name of Premises on fascia sign

#### b) Address of premises changing ownership

#### Section 4 – Details of Transfer

##### a) Date of Actual Transfer

##### b) Fee of £113.00 enclosed (Please tick)

Yes

No

##### c) Name of Pharmacist in personal control of the premises

##### d) Name of person to contact regarding this application

##### e) Contact

telephone number

#### Section 5 – Signature of New Owner/Superintendent /Director

(Please circle position)

Date

Print Name

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**INSTRUCTIONS FOR COMPLETING THE FORM FOR TRANSFER OF OWNERSHIP OF EXISTING PREMISES**

(I.e: Where a business is to be carried on by a new owner- not where an existing company is 'hived up' to become part of a larger existing body corporate)

IF THE SOCIETY IS NOT NOTIFIED WITHIN 28 DAYS FROM THE DATE OF THE ACTUAL TRANSFER OF OWNERSHIP, THE ORIGINAL REGISTRATION FOR THE CURRENT YEAR BECOMES VOID, RESULTING IN AN APPLICATION FOR RESTORATION. IT IS ILLEGAL TO OPERATE A PHARMACY WHICH IS NOT REGISTERED.

**Section 1 – Previous Details**

Please enter the name of the previous owner(s) – name of sole trader, pharmacists in a partnership or body corporate. Please enter the Trading name of the premises before the pending transfer of ownership. The previous owner/superintendent/director of the company must sign the form and print name.

**Section 2 – New Details**

**Section a) OR b) should be filled in, not both.**

**Section a) – Sole trader of partnership taking over the business**

If the pharmacist or pharmacists taking over the business is a sole trader or a partnership (please note the Society only recognises pharmacist partners, therefore do not include any non-pharmacist partners) please enter the Surname(s), Forename(s) and Registration number(s) of these Pharmacists.

**Section b) – Body Corporate taking over the business**

Please complete this section if the premises are to be registered by a Body Corporate, NHS Trust, Health Authority or Co-operative. If the Body Corporate has not previously been registered with the Society please complete and submit a Nomination of Superintendent form which can be downloaded from the Society's website at [www.psni.org.uk/professionals/premises/nomination-of-new-superintendent.php](http://www.psni.org.uk/professionals/premises/nomination-of-new-superintendent.php) Please also enter the address of the head quarters of the body corporate.

**Section 3 a) – Trading Name of Premises on Fascia Sign**

Please enter the proposed trading name (that is other than the name entered in Section 1 to be used on fascia and stationary etc.)

**b) – Address of Premises changing ownership**

Please enter the full postal address including post code of the premises changing ownership.

**Section 4 – Details of Transfer**

- a) Please enter date of actual transfer of ownership
- b) Fee – please send in a payment of £113.00 with this application. The application will not be processed until we have received both completed form and fee.
- c) Please enter the name of the pharmacist in personal control of the premises
- d) & e) Please enter the name and contact number of the pharmacist or other person to contact concerning this application.

**Section 5 –Signature of New Owner**

Form should be signed by the New Owner, Superintendent or Director of the Company. Please also print name and date.

**The Society will confirm all transfers of ownership in writing**

**.LEGAL NOTES**

**Section 76 (3b) of The Medicines Act 1968 provides that the registration becomes void at the end of 28 days from the date on which a change of ownership occurs, unless the Society is notified.**

**When a change of ownership occurs on the death of a pharmacist owner, or, in a partnership, on the death of one of the partners, registration becomes void after three months from that date. (see Section 76(3a) of The Medicines Act 1968.**