

Notification of Resignation of Superintendent

Medicines Act 1968

A Body Corporate must notify the Registrar immediately of any change of Superintendent

Section One

To be completed by the Secretary/Managing Director/Director (please delete as appropriate)

I (name) _____

Of (name of Body Corporate) _____

Certificate of Incorporation Number _____

Date Company Incorporated _____

Registered Office Address
(for all correspondence)
including postcode _____

Wish to nominate (name) _____

Registration number _____

As superintendent pharmacist with effect from (date) _____

Signature _____

Date _____

Section Two

To be completed by the resigning superintendent

I will be resigning/have resigned (delete as appropriate) as the Superintendent Pharmacist for the above-named Body Corporate

On (date) _____

Name _____

Registration number _____

Signature _____

Completed notifications should be sent to the Pharmaceutical Society NI, 73 University Street, Belfast, BT7 1HL. Alternatively, you can email this notification to registration@psni.org.uk