

Material Change in Respect of a Registered Retail Pharmacy Business

Regulation 6(1)(a) of the Pharmaceutical Society of Ireland (Retail Pharmacy Businesses) (Registration) Rules 2008 states:

"The pharmacy owner or, as the case may be, the superintendent pharmacist shall forthwith notify the registrar of – (b) any material changes made or proposed to be made in respect of the registered pharmacy from those set out in the application for registration".

According to the Pharmaceutical Society of Ireland (Fees) Rules 2008, S.I. No. 496 of 2008, a fee of €200.00 is the:

"Fee payable under Rule 6(2) (b) of the Retail Pharmacy Business Rules, being the fee payable in connection with each notification (not being a notification referred to in either paragraphs 23 or 24) of any material change made or proposed to be made in respect of the registered pharmacy from those set out in the application for registration".

Section A : General Information

Section A.1: Pharmacy Owner Details

Trading Name of Retail Pharmacy Business	
Address of Premises of Retail Pharmacy Business	
Retail Pharmacy Business Registration Number	
Owner of RPB (Company Name, Sole Trader Name etc.)	

Section A.2: Nature of Material Change

Please outline the nature of the proposed material change (please append an extra page(s) and/or other attachments, if necessary):-

Section A.3: Pharmacy Owner Signature

Signed:	Print Name: _____ Capacity of Signatory: _____ Signature: _____ Tel. No. _____ Email: _____
Date:	

Section B : Fee Payment – Material Change in Respect of a Registered Retail Pharmacy Business

In accordance with Rule 6(2) (b) of the Retail Pharmacy Business Rules, being the fee payable in connection with each notification (not being a notification referred to in either paragraphs 23 or 24) of any material change made or proposed to be made in respect of the registered pharmacy from those set out in the application for registration

Section B.1: Fee Payment Details

Trading Name of Retail Pharmacy Business	
Address of Premises of Retail Pharmacy Business	
Retail Pharmacy Business Registration Number	
Payment Method (Please tick as appropriate)	Postal Order/Bank Draft/Cheque <input type="checkbox"/> Credit Card – Visa <input type="checkbox"/> Credit Card – Mastercard <input type="checkbox"/> Laser Card <input type="checkbox"/>

Card Details: _____

Card Number: _____

Expiry Date: _____

Security Code: _____

I wish to pay **€200.00** for a material change to the registration of my retail pharmacy business

Signature of Cardholder: _____

For office use only:

Amount Paid: _____ Date: _____ Initials: _____

Please return to:

Registration of Retail Pharmacy Businesses Unit
The Pharmaceutical Society of Ireland
PSI House, Fenian Street
Dublin 2

Telephone: (01) 2184000
Fax: (01) 2837678
Website: www.psi.ie
Email: rpbreg@psi.ie