

Close Corporation / Company / Partnership / Trust /Sole proprietor or sole trader Name:

Registration Number: _____

RESOLUTION OF THE DIRECTORS OF THE COMPANY etc

RESOLVED that _____, in his/her capacity as _____, is authorised to make applications on behalf of the **Close Corporation / Company / Partnership / Trust /Sole proprietor or sole trader** for: new pharmacy licences; the change of ownership of existing pharmacy licences of a third party; the change of trading title of pharmacies; the relocation of pharmacy licences to different premises, change of owners name (which is not necessarily a change of ownership), change of address (without relocation) and/or the recording of these licences online, as/when issued by the Department of Health. The nominated person will also have access to webpage for the pharmacy.

Signature(s) for Close Corporation / Company / Partnership / Trust/ Sole proprietor or sole trader

(in the case where members exceed two, a maximum of three must sign this resolution letter)

1. _____ Date: _____

2. _____ Date: _____

3. _____ Date: _____