

Transfer of ownership of a pharmacy premises

October 2017
Version 4.0

Send your completed application to:

premises@pharmacyregulation.org

or

Pharmacy premises – Applications to Register

Customer Service Team

General Pharmaceutical Council

25 Canada Square

London

E14 5LQ

Contact us

Phone: **0203 713 8000**

Email: **premises@pharmacyregulation.org**

Application checklist

I have included in my application for registration and completed (please tick):

- Application form (fully completed in block capitals)
- A description of the premises to which the application relates, if any alterations have been made
- One set of A4 size plans of the premises layout, if any alterations have been made
- A completed payment form
- A Nomination of Superintendent form is required if a Body Corporate is making this application which does not currently own registered pharmacy premises

Please ensure you have correctly completed the application form and submitted the correct documentation as detailed above. If your application is incomplete or missing documentation it will be returned to you. If the application is returned to you more than once, a fee of £50 will be applicable to resubmit your application.

Please sign below to indicate that you have read and understood the application guidance notes, and that all required documents are included with this application:

Signature

Date

Introduction to this guidance

The registration guidance notes should provide you with all of the information you require to successfully complete the registration process. Please read this document carefully before contacting the General Pharmaceutical Council (GPhC) with any queries.

Registration process

- Applications can be submitted up to 28 days after the actual date of transfer.
- If your application is received after the date of transfer, the date we receive your application will be recorded as the date that we are officially notified of the change.
- A transfer of ownership is an administrative procedure and does not require the visit of an inspector. The application will be diarised until the actual date of transfer. On the actual date of transfer the GPhC will amend Part 3 of the Register and confirm the transfer in writing.
- On the actual date of transfer the new ownership details can be viewed at **www.pharmacyregulation.org**
- If the date of transfer changes after the application has been submitted please call 0203 713 8000 or email **premises@pharmacyregulation.org** quoting the premises registration number.
- It is recommended that you keep a copy of the application for your records. Applications lost in the post must be re-submitted in full.

Names of Directors – Body Corporate

If the GPhC does not hold a current list of Directors for the Body Corporate that is making the application it will be required that a list of all Directors is submitted with this application.

Extensions or alterations

If you intend to alter the registered pharmacy premises by making a change to the layout or a physical alteration to the structure of the registered premises, you are required to advise the GPhC of the planned change. Please submit one set of scaled plans. A new premises application is not required.

If the planned alterations extend into an entirely new building, or where the proposed extension changes the address of your pharmacy premises, then an entirely new premises application is required. If in doubt please call our contact centre for guidance on 0203 713 8000.

Plans

Please note you will only be required to submit plans if there have been alterations to the existing registered area. However, if you have recent plans available then please submit a copy with your application to enable us to update our records.

The plans you submit should:

- Identify the dimensions of the registered area (please indicate area in m²).
- Be drawn to scale.
- Identify the dimensions of the dispensary (please indicate in m²).
- Clearly show the internal layout showing the areas in which medicinal products are intended to be sold or supplied, assembled, prepared, dispensed or stored.
- Detail the postal address of the building in which the premises is situated.
- Detail any other relevant information including access points.

Registerable activities

If you propose to wholesale, assemble or manufacture medicines and if it is likely that these activities could constitute more than an inconsiderable part of the business of the proposed registered pharmacy then you will be required to apply to the Medicines and Healthcare products Regulatory Agency (MHRA) for the appropriate licence to cover these activities.

Payment

Both card and BACS payments are accepted, however to ensure that your application is processed more swiftly we would recommend that you pay by card.

If paying by BACS please ensure that you enter the postcode of the pharmacy as the payment reference. If any other reference is used this may delay your application being approved.

End of guidance notes, the application form is on the following page

1. Details of pharmacy premises to be transferred

1.1 Premises registration number

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

1.2 Date of transfer

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

1.3 GPhC owner number (if applicable)

If you do not currently own registered pharmacy premises, leave this questions blank

1.4 Trading name after transfer

1.5 Premises address

Postcode

1.6 Is there currently a pre – registration trainee training at the pharmacy?

Yes No

If you have answered yes to question 1.6, please refer to section 2.22 of the pre – registration training manual for further guidance.

2. Body Corporate/ NHS Trust making application (if applicable)

2.1. GPhc owner number

If you do not currently own registered pharmacy premises please leave this question blank

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

2.3. Address of body corporate/ NHS trust

Postcode

2.4. Superintendent registration number

2.5. Superintendent name

2.6. Director Information

If the GPhC does not hold a current list of Directors for the Body Corporate that is making the application it will be required that a list of all Directors is submitted with this application.

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 or First Partner

3.3. Second Partner Name and GPhC registration number (if applicable)

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

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

5.2. If an internet pharmacy will be operated from the premises, please enter the website address:

The GPhC is able to supply an Internet Pharmacy logo to authenticate your on-line pharmacy. If you wish to make an application for this, please see separate form 'Application for an Internet Pharmacy Logo', available on our website.

Anyone in the UK selling medicines to the public via a website also needs to be registered with the Medicines and Healthcare product Regulatory Agency (MHRA) and to be on the MHRA's list of registered online retail sellers. They also need to display the EU common logo on every page of their website offering medicines for sale, even if they are already displaying the GPhC voluntary logo.

6. Registered pharmacy services and activities

You are required to provide details of the type of activities undertaken or to be undertaken at the premises.

Section A

The GPhC can only register a pharmacy where the owner's service model from that pharmacy includes one of the following:

1. The sale of Pharmacy (P) medicines.
2. The supply of P medicines or Prescription Only Medicines (POMs) against prescriptions. The supply of medicines against prescriptions requires the product to be labelled for a specific patient as a dispensed medicinal product.
3. The supply of P medicines or Prescription Only Medicines (POMs) against prescriptions written by veterinary practitioners for the treatment of animals under the 'cascade'.

Please indicate below the services you intend to provide from your premises.

6.1. The sale of Pharmacy (P) medicines.

Yes No

6.2. The supply of P medicines or Prescription Only Medicines (POMs) against prescriptions. The supply of medicines against prescriptions requires the product to be labelled for a specific patient as a dispensed medicinal product.

Yes No

6.3. The supply of P medicines or Prescription only medicines (POMs) against prescriptions written by a veterinary practitioners for the treatment of animals under the 'cascade'.

Yes No

Section B

Please indicate below any other activities that may be undertaken at the premises. You may tick more than one box in Section B.

6.4. Pre-packing or assembly of medicines for the purpose of supply from your proposed registered pharmacy or from another registered pharmacy within the same legal entity (ownership). (e.g. breaking down bulk containers into quantities more appropriate for use against prescriptions. These pre-packs can be distributed to other registered pharmacy branches under the same ownership for their use against prescriptions.)

Yes No

6.5. To assemble and /or prepare unlicensed medicines in accordance with the limited exemption provided by Section 10 of The Medicines Act 1968. (i.e. to obtain, dispense and supply unlicensed medicines or extemporaneously prepare medicines in accordance with a prescription and/or to prepare and supply Chemist's nostrums for sale.)

Yes No

6.6. Other (please specify any other registerable activity you intend to carry out below)

If you propose to wholesale, assemble or manufacture medicines and if it is likely that these activities could constitute more than an inconsiderable part of the business of the proposed registered pharmacy then you will be required to apply to the Medicines and Healthcare products Regulatory Agency (MHRA) for the appropriate licence to cover these activities.

7. Contact details of current owners (old owners)

I have agreed to the ownership of the premises detailed above in Section 1 to be transferred to the person(s) or body corporate making this application for the transfer of ownership.

7.1. Name

7.2. Registration number (if applicable)

7.3. Position held in body corporate (if applicable)

7.4. Work number

Mobile number

Home number

7.5. Email address

7.6. Signature

7.7. Date

7.8. Both parties are aware of the renewal deadline for these premises, and will arrange between ourselves which party pays renewal costs if the transfer occurs near the pharmacy's deadline.

Yes No

8. Contact details of individual making the application (new owners)

8.1. Name

8.2. Registration number (if applicable)

8.3. Position held in body corporate (if applicable)

8.4. Work number

Mobile number

Home number

8.5. Email address

Declaration (to be completed by new owners)

8.6. I am a person applying to transfer the pharmacy premises described above to my ownership and I hereby declare that I am or will be a person lawfully conducting a retail pharmacy business at the premises within the meaning of Part 4 of the Medicines Act 1968.

8.7. The information that I have provided in this application for registration is complete, true and accurate.

8.8. I understand that if the declaration is not completed to the satisfaction of the Registrar, the Registrar may refuse to enter the premises in Part 3 of the Register.

8.9. Name

8.10. Registration number (if applicable)

8.11. Position held in body corporate (if applicable)

8.12. Both parties are aware of the renewal deadline for these premises, and will arrange between ourselves which party pays renewal costs if the transfer occurs near the pharmacy's deadline.

Yes No

8.13. Signature

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8.14. Date

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9. Payment Information

The fee for the Transfer of Ownership is £79. Please note this fee is non-refundable. The GPhC does not accept payment by cheque.

9.1. Payment type (please tick)

Credit card	<input type="checkbox"/>	BACS	<input type="checkbox"/>
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9.2. BACS information

Account number	Sort code	Bank
45165548	60-60-04	Nat West

When paying the new premises registration fee of £79 by BACS you must enter the postcode of the as the BACS reference.

9.3. Credit or Debit Card payment – Please complete the form on the following page

Payment details

Name of applicant:

Please charge this card with the sum of:

£79.00

Please indicate whether you are paying by:

Debit card

Credit card

(Payment by credit card will incur a surcharge of 2%)

Type of card *(Please tick one)*

MasterCard

Visa

Card Number *(insert exact amount of digits in your card number only):*

**CSC
number:**

(The last 3 digits on the back of your card)

**Valid From
Date:**

Expiry Date:

If your card does not have an issue number please enter 'NA' in the boxes

Name of Cardholder
(as it appears on card):

**Address of account
holder**

Signature:

Date: