

**FORM A (MR)**

**Regulation 6(2)**

**FOR USE BY CHEMISTS**

**APPLICATION FOR MINOR RELOCATION OF PHARMACY PREMISES**

TO THE .....  
HEALTH AND SOCIAL SERVICES BOARD

1. I/We .....  
of .....  
apply to have my/our name(s) included in the pharmaceutical list for the provision of  
pharmaceutical services from the premises specified in section 2(a) below: the  
application is in respect of the minor relocation of the premises from which I/we  
currently provide pharmaceutical services.

2. (a) The premises from which I/we propose to provide pharmaceutical services are at:  
.....  
.....

(b) The premises from which it is proposed to provide pharmaceutical services are:

- (i) already constructed YES/NO\*
- (ii) already in our possession (through lease or ownership) YES/NO\*

N.B.  
EVIDENCE OF TITLE, LEASE, LEGAL OR EQUITABLE INTEREST IN THE  
PROPOSED PREMISES MUST BE SUBMITTED WITH YOUR APPLICATION  
TOGETHER WITH A SCALE MAP SHOWING THE EXACT LOCATION.

- (iii) registered by the Pharmaceutical Society of Northern  
Ireland in my/our name(s) YES/NO\*

N.B.  
NO APPLICATION CAN BE GRANTED IN RESPECT OF PREMISES WHICH ARE  
NOT REGISTERED BY THE PHARMACEUTICAL SOCIETY OF NORTHERN  
IRELAND UNDER THE MEDICINES ACT 1968. ALTHOUGH AN APPLICATION  
FOR MINOR RELOCATION (FORM A(MR)) CAN BE LODGED IN ADVANCE OF  
REGISTRATION, REGISTRATION DETAILS MUST SUBSEQUENTLY BE  
PROVIDED ON FORM B.

(c) The pharmacist in charge at the said premises will be:  
Name .....  
Registration No. ....

(d) The relocation is for the following reasons:  
.....  
.....

(e) I/we consider the relocation to be minor for the following reasons:  
.....  
.....  
.....  
.....

(f) There will be no change in the pharmaceutical services provided and the provision of services by me/us will be continuous/interrupted\* for the period of (*state period*):

.....

(g) If this relocation is granted, I/we undertake to cease providing pharmaceutical services from the premises named in section 1.

3. I/we undertake to provide pharmaceutical services from the said premises from: (date) .....

and it is proposed that the premises will be open during the following hours: .....

Signed .....

.....

.....

Date .....

\* Delete as appropriate

*NOTE:*

A minor relocation is defined in regulation 6(6) of the Pharmaceutical Services Regulations (Northern Ireland) 1997 as one where there will be no significant change in the population of the neighbourhood served and other circumstances are such that there will be no appreciable effect on the pharmaceutical services provided by the applicant or any other person on the pharmaceutical list who currently provides pharmaceutical services in the neighbourhood of the premises named in section 2(a) above.