



1. CURRENT PHARMACY INFORMATION			
Operating Name	External Signage Name	Pharmacy Licence Number	
Pharmacy Address	City	Province BC	Postal Code
Email Address	Phone Number	Fax Number	
Manager Name		Manager's Registration Number (BC)	

2. CURRENT DIRECT OWNER ² INFORMATION	
Name of Current Direct Owner (e.g. Corporation/Sole Proprietorship/Partnership of Pharmacists)	Incorporation Number (if applicable)
Name of Current Authorized Representative	eServices ID/Registration Number (BC)
<input type="checkbox"/> I confirm that the pharmacy named above will be owned by the new direct owner on the effective date (information listed in section 3).	
Signature of Current Authorized Representative	Sign Date MMM DD YYYY

3. NEW DIRECT OWNER ² INFORMATION
Effective Date of Change (MMM-DD-YYYY)
Type of Ownership <input type="checkbox"/> <i>Corporation:</i> <input type="checkbox"/> Non-Publicly Traded or <input type="checkbox"/> Publicly Traded "Name of Company" on BC incorporation documents: _____ BC Incorporation Number: _____ Incorporation Date: _____ <input type="checkbox"/> <i>Sole Proprietorship (Single pharmacist, unincorporated)</i> Pharmacist's legal name: First name _____ Last name _____ Registration number (BC): _____ Registered business name (if applicable): _____ <input type="checkbox"/> <i>Partnership of Pharmacists (≥2 pharmacists, unincorporated):</i> Total number of partners: _____ Each pharmacist's full legal name and registration number (BC): _____ Registered business name (if applicable): _____ <input type="checkbox"/> <i>Other – Specify:</i> _____

² Click on the link for more information

4. ADDITIONAL INFORMATION	
As a result of this change (direct owner):	
a) Will the manager be changed at the same time?	<input type="checkbox"/> Yes – Complete Form 8C <input type="checkbox"/> No
b) Will the pharmacy operating name or external signage name be changed at the same time?	<input type="checkbox"/> Yes – Complete Form 8E <input type="checkbox"/> No
c) Will the pharmacy layout be changed at the same time?	<input type="checkbox"/> Yes – Complete Form 8G <input type="checkbox"/> No
d) Will any other pharmacies be affected by this change of direct owner?	<input type="checkbox"/> Yes – Complete Form 9 <input type="checkbox"/> No



5. PRIMARY CONTACT PERSON (NEW DIRECT OWNER) INFORMATION		
Name	Position/Title	
Email Address	Phone Number	Fax Number

6. APPLICANT (NEW DIRECT OWNER) INFORMATION		
Name of Authorized Representative	Position/Title of Authorized Representative	
Email Address	Phone Number	Fax Number
Signature	Date	
	MMM	DD YYYY

The College of Pharmacists of BC ("College") collects, uses, discloses, stores, and retains personal information in compliance with the *Health Professions Act (HPA)*, the *Pharmacy Operations and Drug Scheduling Act (PODSA)*, and the *Freedom of Information and Protection of Privacy Act (FIPPA)*. The personal information you provide when completing and submitting this form is being collected and will be used by the College to carry out its mandate under the HPA in the public interest. The collection of this personal information is permitted under section 26(c) and (e) of *FIPPA*. If you have any questions or concerns about the College's privacy practices, please contact the College's Privacy Officer: privacy@bcpharmacists.org or 604.733.2440.





7. PAYMENT INFORMATION

The total amount below is for one pharmacy. If this application applies to multiple pharmacies, the total amount will be charged for each pharmacy with the same change.

Operating Name (Auto-populate)

Method of Payment*

Cheque/Money order (payable to College of Pharmacists of BC) VISA MasterCard

Card Number	Expiry Date (MM/YY)	Application fee	\$ 953.00
		Initial licence fee	\$ 2981.00
		GST	\$ 196.70
Cardholder Name		Total	\$ 4130.70
Cardholder Signature		GST #	R106953920

*Acceptable methods of payment are Visa or Mastercard credit cards (Visa or Mastercard debit cards and prepaid credit cards are not accepted)

All fees are non-refundable.

For office use ONLY

iMIS ID: _____ Finance stamp: _____

Lic initials: _____

Date to Finance: _____