



College of Pharmacists
of British Columbia

APPLICATION FOR CHANGE OF DIRECT OWNER

Form 8A

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1. CURRENT PHARMACY INFORMATION

Operating Name	Store #/Identifier (if applicable)	Pharmacy Licence Number	
Pharmacy Address	City	Province BC	Postal Code
Email Address	Phone Number	Fax Number	
Manager Name		Registration Number (BC)	

2. NEW OWNERSHIP INFORMATION

Effective Date of Change (MMM-DD-YYYY)

Type of Ownership

Sole Proprietorship (Single pharmacist, unincorporated) –

a) Pharmacist's legal name: (First name) _____ (Last name) _____ Registration number (BC): _____

b) Registered business name (if applicable): _____

Partnership of Pharmacists (≥2 pharmacists, unincorporated) – Total number of partners: _____

a) Each pharmacist's full legal name and registration number (BC): _____

b) Registered business name (if applicable): _____

Corporation – BC Incorporation Number: _____ Incorporation Date: _____

"Name of Company" on Notice of Articles/BC Company Summary: _____

a) Is your corporation publicly traded or not? Select one below:

Publicly Traded – Total number of: Directors: _____ Officers: _____

Not Publicly Traded – Total number of: Directors: _____ Officers: _____ Shareholders: _____

b) Is the corporation named above a **subsidiary corporation**? Yes – complete (c) below No – go to section 3

c) Is the parent corporation **publicly traded**? Yes – go to section 3 No – complete (d) below

d) Parent corporation - Incorporation Number: _____ Incorporation Date: _____

Name of company/corporation as provided in incorporation document(s): _____

Total number of: Directors: _____ Officers: _____ Shareholders: _____

Health Authority/Organization – Select one: FHA IHA NHA VCH VIHA PHSA FNHA PHC

Other – Specify: _____

3. PRIMARY CONTACT PERSON

Name	Position/Title	
Email Address	Phone Number	Fax Number

tel 604.733.2440 800.663.1940 fax 604.733.2493 800.377.8129 200 / 1765 WEST 8TH AVE VANCOUVER BC V6J 5C6 BCPHARMACISTS.ORG



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4. ADDITIONAL INFORMATION

As a result of this change (direct owner):

- | | | |
|--|--|-----------------------------|
| a) Will the manager also be changed at the same time? | <input type="checkbox"/> Yes – Also complete Form 8C | <input type="checkbox"/> No |
| b) Will the pharmacy operating name also be changed at the same time? | <input type="checkbox"/> Yes – Also complete Form 8E | <input type="checkbox"/> No |
| c) Will the pharmacy layout also be changed at the same time? | <input type="checkbox"/> Yes – Also complete Form 8G | <input type="checkbox"/> No |
| d) Will other pharmacies be affected by the same change? | <input type="checkbox"/> Yes – Also complete Form 9 (optional ²⁶) | <input type="checkbox"/> No |

²⁶You may fill this form for each pharmacy being affected by this change, or fill this form only once for one of the pharmacies plus Form 9 to include other pharmacies.

5. APPLICANT (DIRECT OWNER) INFORMATION

Mailing Address of Direct Owner <input type="checkbox"/> Check this box if lawyer/accountant's address	City	Province	Postal Code
Email Address	Phone Number	Fax Number	
Name of Authorized Representative	Position/Title of Authorized Representative		
Signature	Sign Date		
	MMM DD YYYY		

The College collects the personal information on this application form to process the application and administer the College's related activities. The collection is authorized by the Pharmacy Operations and Drug Scheduling Act, Health Professions Act, and Freedom of Information and Protection of Privacy Act. Should you have any questions about the collection, please contact the College's Privacy Officer at 604-733-2440 or 1-800-663-1940 or privacy@bcpharmacists.org



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6. PAYMENT INFORMATION

Operating Name and Store #/Identifier (if applicable)
(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	\$550.00
		Initial licence fee	\$2299.00
Cardholder Name		GST	\$142.45
		Total	\$2991.45
Cardholder Signature		GST #	R106953920

For office use ONLY

iMIS ID: _____ Finance stamp: _____

Lic initials: _____

Date to Finance: _____