College of Pharmacists of British Columbia

APPLICATION FOR CHANGE OF DIRECT OWNER

Form 8A

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**

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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?	☐ Yes – Also complete **Form 8C**	☐ No
b)	Will the **pharmacy operating name** also be changed at the same time?	☐ Yes – Also complete **Form 8E**	☐ No
c)	Will the **pharmacy layout** also be changed at the same time?	☐ Yes – Also complete **Form 8G**	☐ No
d)	Will **other pharmacies** be affected by the same change?	☐ Yes – Also complete **Form 9** (optional⌘)	☐ No

⌘You 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 ☑ 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)**
Cardholder Name	
Cardholder Signature	

Application fee	$550.00
Initial licence fee	$2,250.00
GST	$140.00
Total	**$2,940.00**
GST #	R106953920

For office use ONLY

iMIS ID: Finance stamp:

Lic initials:

Date to Finance: