College of Pharmacists of British Columbia

APPLICATION FOR CHANGE OF DIRECT OWNER

Form 8A

1. CURRENT PHARMACY INFORMATION

Operating 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 Authorized Representative	**eServices ID/Registration Number (BC)**

☐ 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	**Sign Date** MMM | DD | YYYY

3. NEW DIRECT OWNER[2] INFORMATION

Effective Date of Change (MMM-DD-YYYY)

Type of Ownership

☐ *Corporation*: ☐ Non-Publicly Traded ☐ Publicly Traded

"Name of Company" on BC incorporation documents: _____

BC Incorporation Number: _____ Incorporation Date: _____

☐ *Sole Proprietorship (Single pharmacist, unincorporated)*

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

Registered business name (if applicable): _____

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

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

Registered business name (if applicable): _____

☐ *Other* – Specify: _____

[2] Click on the link for more information

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** or **external signage name** also be changed at the same time?	☐ Yes – Also complete Form 8E ☐ Yes – Also complete Form 8G	☐ No ☐ No
c)	Will the **pharmacy layout** also be changed at the same time?	☐ Yes – Also complete Form 9	☐ No
d)	Will **other pharmacies** be affected by the same change?		

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5. PRIMARY CONTACT PERSON (NEW DIRECT OWNER)

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 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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7. PAYMENT INFORMATION

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)**
Cardholder Name	
Cardholder Signature	

Application fee	$ 750.00
Initial licence fee	$ 2345.00
GST	$ 154.75
Total	**$ 3249.75**
GST #	R106953920

For office use ONLY

iMIS ID: Finance stamp:

Lic initials:

Date to Finance: