



College of Pharmacists  
of British Columbia

# APPLICATION FOR CHANGE OF DIRECT OWNER

Form 8A

Page 1 of 3

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			Manager's Registration Number (BC)

2. CURRENT DIRECT OWNER <sup>2</sup> 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)
<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	Sign Date MMM   DD   YYYY

3. NEW DIRECT OWNER <sup>2</sup> INFORMATION
Effective Date of Change (MMM-DD-YYYY)
<b>Type of Ownership</b> <input type="checkbox"/> <i>Corporation:</i> <input type="checkbox"/> Non-Publicly Traded <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> _____

<sup>2</sup> Click on the link for more information

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



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Form 8A

Page 2 of 3

### 5. PRIMARY CONTACT PERSON (NEW DIRECT OWNER)

<b>Name</b>	<b>Position/Title</b>	
<b>Email Address</b>	<b>Phone Number</b>	<b>Fax Number</b>

### 6. APPLICANT (NEW DIRECT OWNER) INFORMATION

<b>Name of Authorized Representative</b>	<b>Position/Title of Authorized Representative</b>	
<b>Email Address</b>	<b>Phone Number</b>	<b>Fax Number</b>
<b>Signature</b>	<b>Sign Date</b>  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](mailto:privacy@bcpharmacists.org)



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# APPLICATION FOR CHANGE OF DIRECT OWNER

**Form 8A**

Page 3 of 3

## 7. 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

<b>Card Number</b>	<b>Expiry Date (MM/YY)</b>	Application fee	\$550.00
		Initial licence fee	\$2299.00
<b>Cardholder Name</b>		GST	\$142.45
		<b>Total</b>	<b>\$2991.45</b>
<b>Cardholder Signature</b>		GST #	R106953920

**For office use ONLY**

iMIS ID: \_\_\_\_\_ Finance stamp: \_\_\_\_\_

Lic initials: \_\_\_\_\_

Date to Finance: \_\_\_\_\_