College of Pharmacists of British Columbia

APPLICATION FOR CHANGE OF CORPORATION NAME

Form 8D

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**	
Type of Change ☐ Name of the Corporation that is the Direct Owner – Complete sections 2, 4 and 5 ☐ Name of the Corporation that is a Shareholder – Complete sections 3, 4 and 5		**Effective Date of Change** MMM | DD | YYYY	

2. DIRECT OWNER INFORMATION

FORMER CORPORATION NAME	
Name of Company on *Notice of Articles/BC Company Summary*	**BC Incorporation Number***
NEW CORPORATION NAME	
Name of Company on *Notice of Articles/BC Company Summary*	**BC Incorporation Number***

*If the numbers are different, DO NOT submit this form but complete Form 8A (Change of Direct Owner) instead.

3. SHAREHOLDER INFORMATION

FORMER CORPORATION NAME	
Name of Company/Corporation as Provided in Incorporation Document	**Incorporation Number****
NEW CORPORATION NAME	
Name of Company/Corporation as Provided in Incorporation Document	**Incorporation Number****

**If the numbers are different, DO NOT submit this form but complete Form 8B (Change of Indirect Owner) instead.

4. ADDITIONAL INFORMATION

As a result of this change (corporation name):

a)	Will the **indirect owner(s)** also be changed at the same time?	◯ Yes – Also complete **Form 8B**	◯ 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**	◯ No

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5. APPLICANT (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