



College of Pharmacists
of British Columbia

APPLICATION FOR CHANGE OF CORPORATION NAME

Form 8D

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1. CURRENT PHARMACY INFORMATION			
Operating Name		Pharmacy Licence Number	
Pharmacy Address	City	Province BC	Postal Code
Email Address	Phone Number	Fax Number	
Type of Change <input type="checkbox"/> Name of the Corporation that is the <u>Direct Owner</u> – Complete sections 2, 4 and 5 <input type="checkbox"/> Name of the Corporation that is a <u>Shareholder</u> – 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?	<input type="checkbox"/> Yes – Also complete Form 8B	<input type="checkbox"/> No	
b) Will the pharmacy operating name or external signage 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	<input type="checkbox"/> 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