



College of Pharmacists  
of British Columbia

# APPLICATION FOR CHANGE OF MANAGER

**Form 8C**

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## 1. CURRENT PHARMACY INFORMATION

<b>Operating Name</b>	<b>Store #/Identifier (if applicable)</b>	<b>Pharmacy Licence Number</b>	
<b>Pharmacy Address</b>	<b>City</b>	<b>Province</b> BC	<b>Postal Code</b>
<b>Email Address</b>	<b>Phone Number</b>	<b>Fax Number</b>	

## 2. MANAGER INFORMATION

### DEPARTING MANAGER

<b>Last Name</b>	<b>First Name</b>	<b>Registration Number (BC)</b>
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### NEW MANAGER

<b>Last Name</b>	<b>First Name</b>	<b>Registration Number (BC)</b>
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**Effective Date of Change (MMM-DD-YYYY)**

## 3. ADDITIONAL INFORMATION FOR DIRECT OWNERS THAT ARE NOT CORPORATIONS (E.G. HOSPITALS)

Is the departing manager also an authorized representative of the pharmacy and is departing from the role of authorized representative as well?

Yes – Also complete [Form 13](#)

No

## 4. APPLICANT (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>Date</b>	
	MMM	DD   YYYY

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