



The College will be communicating with each indirect owner using the email address provided below. Ensure that the information is current, correct and legible. On page 1, list all the indirect owners of the corporation that is the direct owner. If applicable, complete page 2 for each shareholder (of the Direct Owner) that is a non-publicly traded, BC corporation. Make a copy of any of these two pages if you need more space.

1. INFORMATION OF THE CORPORATION THAT IS THE DIRECT OWNER				
Name of Company on Notice of Articles/BC Company Summary				BC Incorporation Number
INFORMATION OF EACH INDIRECT OWNER (INDIVIDUALS) UNDER THIS CORPORATION				
Type of Indirect Owner	BC Pharmacist (Y/N)	Last Name	First Name	Email Address
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eService ID*: _____			
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eService ID*: _____			
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eService ID*: _____			
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eService ID*: _____			
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eService ID*: _____			
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<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eService ID*: _____			
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eService ID*: _____			
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eService ID*: _____			
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eService ID*: _____			
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<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eService ID*: _____			
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<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eService ID*: _____			
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eService ID*: _____			
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eService ID*: _____			

*if known

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



If a shareholder of the Direct Owner is a non-publicly traded corporation in BC, complete the information below for EACH corporation. Make a copy of this page if you need more space or if there is more than one corporation that is a shareholder.

2. INFORMATION OF THE CORPORATION THAT IS A SHAREHOLDER				
Name of Company/Corporation as Provided in Incorporation Document(s)				Incorporation Number
INFORMATION OF EACH INDIRECT OWNER (INDIVIDUALS) UNDER THIS CORPORATION				
Type of Indirect Owner	BC Pharmacist (Y/N)	Last Name	First Name	Email Address
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eService ID*: _____			
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eService ID*: _____			
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eService ID*: _____			
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eService ID*: _____			
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eService ID*: _____			
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eService ID*: _____			
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eService ID*: _____			
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eService ID*: _____			
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eService ID*: _____			
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eService ID*: _____			
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eService ID*: _____			
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eService ID*: _____			
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<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eService ID*: _____			
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eService ID*: _____			
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<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eService ID*: _____			
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