



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 either of these two pages if you need more space.

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

*if known

The College of Pharmacists of BC ("College") collects, uses, discloses, stores, and retains personal information in compliance with the Health Professions Act (HPA), the Pharmacy Operations and Drug Scheduling Act (PODSA), and the Freedom of Information and Protection of Privacy Act (FIPPA). The personal information you provide when completing and submitting this form is being collected and will be used by the College to carry out its mandate under the HPA in the public interest. The collection of this personal information is permitted under section 26(c) and (e) of FIPPA. If you have any questions or concerns about the College's privacy practices, please contact the College's Privacy Officer: privacy@bcpharmacists.org or 604.733.2440

