



If a shareholder is a corporation, complete the information below for EACH corporation that is a shareholder. Make a copy of this page if you need more space or there are 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*: _____			
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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*: _____			

*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