

This form is to be used by direct owners that are NOT corporations. If the direct owner is a corporation, submit the *Change of Indirect Owner* application on eServices (note: must be submitted by a current director of the corporation) – visit the [College website](#) for more information.

1. CURRENT DIRECT OWNER INFORMATION			
Direct Owner Name (e.g. Hospital/Association/Society/University/Government)		Direct Owner Number	
Direct Owner Address	City	Province BC	Postal Code
Email Address	Phone Number	Fax Number	
Pharmacy(ies) affected by this change		Licence Number(s)	

2. DEPARTING AUTHORIZED REPRESENTATIVE(S)		
Name	Pharmacist (Y/N)	Effective Date of Change
	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eServices ID*: _____	MMM DD YYYY
	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eServices ID*: _____	MMM DD YYYY

*If known

3. NEW AUTHORIZED REPRESENTATIVE(S)			
Name	Email	Pharmacist (Y/N)	Effective Date of Change
		<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eServices ID*: _____	MMM DD YYYY
		<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eServices ID*: _____	MMM DD YYYY

*If known

4. ADDITIONAL INFORMATION	
As a result of this change (authorized representative): a) If the departing authorized representative is also the manager of the pharmacy, are <input type="checkbox"/> Yes – Also complete Form 8C <input type="checkbox"/> No they departing from the role of manager as well?	

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 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.