

College of Pharmacists of British Columbia



PHARMACY LICENSURE

DECLARATION – DEFERRED SUBMISSION OF A REQUIRED DOCUMENT(S) FOR CHANGE APPLICATION

CHANGE OF DIRECT OWNER

If you cannot provide the required document for a *Change of Direct Owner* application at the time of submitting the application form *OR* before the effective date, submit the temporarily acceptable documents (see below) with the application and then submit the required document before the deadline specified below.

Type of Change	Required Document	Temporarily Acceptable Documents until Required Document Becomes Available	Deadline to Submit the Required Document after Submitting the Application
Direct Owner	Business Licence issued to the new direct owner	1. Written confirmation from the jurisdiction about the delay in issuing the business licence <u>or</u> a business licence receipt; and 2. A signed copy of the declaration below.	No later than 14 days after issuance of the business licence
Direct Owner (Amalgamation Only)	BC Company Summary and certified Central Securities Register (if applicable)	1. A copy of the <i>Amalgamation Application</i> filed with BC Registry Services; and 2. A signed copy of the declaration below.	No later than 30 days after effective date of change

I, _____, the authorized representative
First name Last name

of the new direct owner, _____, am **not** able to provide the required document at
Corporation name

the time of submitting the pharmacy change application on _____ and declare that I will
Date

submit (select all that apply):

- a new business licence of the pharmacy issued to the new Direct Owner within 14 days after issuance by the jurisdiction.
- a copy of the *BC Company Summary* of the amalgamated corporation issued by BC Registry Services within 30 days after the effective date of change.
- a certified true copy of the *Central Securities Register* of the amalgamated corporation (certified by a notary public or lawyer) within 30 days after the effective date of change.

I understand that failure to submit the above document(s) before the deadline may result in a referral to the College's Inquiry Committee or Application Committee.

Print Full Name

Registration Number/eServices ID

Signature

Date Signed

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.

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CHANGE OF OPERATING NAME

If you cannot provide the required document for a *Change of Operating Name* application at the time of submitting the application form *OR* before the effective date, submit the temporarily acceptable documents (see below) with the application and then submit the required document before the deadline specified below.

Type of Change	Required Document	Temporarily Acceptable Documents until Required Document Becomes Available	Deadline to Submit the Required Document after Submitting the Application
Operating Name	Business Licence issued with the pharmacy's new operating name	1. Written confirmation from the jurisdiction about the delay in issuing the business licence <u>or</u> a business licence receipt; and 2. A signed copy of the declaration below.	No later than 14 days after issuance of the business licence

I, _____, the authorized representative

First name

Last name

of the direct owner, _____, am **not** able to provide the required document at

Corporation name

the time of submitting the pharmacy change application on _____ and declare that I will

Date

submit:

a new business licence of the pharmacy issued with the pharmacy's new operating name within 14 days after issuance by the jurisdiction.

I understand that failure to submit the above document(s) before the deadline may result in a referral to the College's Inquiry Committee or Application Committee.

Print Full Name

Registration Number/eServices ID

Signature

Date Signed

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CHANGE OF CORPORATION NAME (DIRECT OWNER)

If the corporation name of the direct owner is changing, and you cannot provide the required document for a *Change of Corporation Name* application at the time of submitting the application form *OR* before the effective date, submit the temporarily acceptable documents (see below) with the application and then submit the required document before the deadline specified below.

Type of Change	Required Document	Temporarily Acceptable Documents until Required Document Becomes Available	Deadline to Submit the Required Document after Submitting the Application
Corporation Name (Direct Owner only)	Business Licence issued to the direct owner under the new corporation name	<ol style="list-style-type: none">Written confirmation from the jurisdiction about the delay in issuing the business licence <u>or</u> a business licence receipt; andA signed copy of the declaration below.	No later than 14 days after issuance of the business licence

I, _____, the authorized representative
First name Last name

of the direct owner, _____, am **not** able to provide the required document(s) at
Current corporation name

the time of submitting the pharmacy change application on _____ and declare that I will
Date

submit:

a new business licence of the pharmacy issued to the Direct Owner within 14 days after issuance by the jurisdiction.

I understand that failure to submit the above document(s) before the deadline may result in a referral to the College's Inquiry Committee or Application Committee.

Print Full Name

Registration Number/eServices ID

Signature

Date Signed

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CHANGE OF INDIRECT OWNER(S)

If you cannot provide the required document at the time of submitting the application form *OR* before the effective date, submit a signed copy of this declaration with the application form, and then submit the required document before the deadline specified below.

Type of Change	Type of Application	Required Document	Deadline to Submit the Required Document after Submitting the Application
Director	Change of Indirect Owner	Notice of Change of Directors filed with BC Registry Services	No later than 30 days after effective date of change
Officer	Change of Indirect Owner	-	Officer information must be updated on the <i>BC Company Summary</i> and <i>Annual Report</i> for the next pharmacy licence renewal application
Officer	Pharmacy Licence Renewal	BC Company Summary or Annual Report with current officer information	Officer information must be updated on the <i>BC Company Summary</i> and <i>Annual Report</i> for the next pharmacy licence renewal application
Shareholder	Change of Indirect Owner	Certified true copy of the updated Central Securities Register	No later than 30 days after effective date of change

I, _____, the current authorized representative of the direct
First name Last name

owner, _____, am **not** able to provide the required document at the time of
Corporation name

submitting the pharmacy application on _____ and declare that I will submit (select all that apply):
Date

(Directors) a copy of the updated **Register of Directors** with this declaration, followed by a copy of the *Notice of Change of Directors* filed with BC Registry Services within 30 days after the change becomes effective on _____.
Date

(Officers) a copy of **Schedule "A"** with this declaration, followed by an updated copy of the *BC Company Summary* or *Annual Report* with the correct indirect owners' for the next pharmacy licence renewal application after the next *Annual Report* is filed with BC Registry Services.

(Shareholders) a copy of this declaration, followed by a certified true copy of the updated *Central Securities Register* within 30 days after the change becomes effective on _____.
Date

I understand that failure to submit the above document(s) before the deadline may result in a referral to the College's Inquiry Committee or Application Committee.

Print Full Name

Registration Number/eServices ID

Signature

Date Signed

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SCHEDULE “A”

I, _____, as _____ of
First name Last name Office held

_____ (the “Corporation”), in such capacity, certifies for and on behalf of the Corporation,
Corporation name

intending that the same may be relied upon by the College of Pharmacists of B.C. without further inquiry, as follows:

1. _____ is an Officer / is no longer an Officer with the
First name Last name
Corporation although his/her name is listed / is not listed in the *BC Company Summary or Annual Report*
because:

the change was/will be effective on: _____, after the Annual Report was last filed with
Date
BC Registry Services.

the individual named above passed away on: _____, which occurred after the Annual
Date
Report was last filed with BC Registry Services.

the Corporation chose not to include officer information when filing the last Annual Report.

2. The following individuals are all the current signing Officers of the Corporation, and are authorized to sign to bind the Corporation (attach a separate sheet if additional space is needed):

_____	_____	_____
First name	Last name	Position
_____	_____	_____
First name	Last name	Position
_____	_____	_____
First name	Last name	Position

3. The information provided above is true, accurate and complete.

I understand that I must provide the College of Pharmacists of B.C. with a *BC Company Summary or Annual Report* with the current indirect owners’ information at the next pharmacy licence renewal application after the next Annual Report is filed with BC Registry Services. I understand that failure to submit the required document for the next pharmacy licence renewal may result in a referral to the College’s Inquiry Committee or Application Committee.

_____	_____
Print Full Name	Registration Number/eServices ID
_____	_____
Signature	Date Signed

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