



College of Pharmacists
of British Columbia

PHARMACY LICENSURE

DECLARATION – PROOF OF ELIGIBILITY EXEMPTION

I, _____, an authorized representative
First name Last name

of the direct owner, _____, declare that the following
Organization name

indirect owner(s) is under the age of 19 and is exempted from submitting his/her Proof of Eligibility thereof required for the *New Pharmacy Licence* / *Pharmacy Licence Renewal* / *Pharmacy Licence Reinstatement* / *Change of Direct Owner* / *Change of Indirect Owner* application.

Legal Name	Date of Birth	Shareholder of (Corporation Name)

I understand that I will have to continue submitting this declaration form each year as part of the *Pharmacy Licence Renewal* application until the person(s) above turns 19 years old.

I declare the facts set out herein to be true. I understand that providing false or misleading information could result in a referral to the Inquiry Committee or Application Committee.

Signature

Signed Date

Print Full Name

Registration Number/eServices ID