



APPLICATION FOR REINSTATEMENT

Late Registration Renewal

- Full Pharmacist
- Non-Practising Pharmacist
- Limited Pharmacist
- Pharmacy Technician
- Non-Practising Pharmacy Technician

CONTACT INFORMATION

Ms Mrs Miss Mr Dr

Legal name _____
Last name (Surname) First name Other name(s)

Address _____ Tel (home) _____
 _____ Tel (work) _____
 _____ Email _____
City Province

Postal code Country

PAYMENT OPTION

Cheque/Money order *(payable to College of Pharmacists of BC)*
 VISA MasterCard
 Card # _____ Exp ____ / ____
 Cardholder name _____
 Cardholder signature _____

Late renewal fee	131.25
HST	15.75
Total	<u>\$147.00</u>
HST # R106953920	

All fees are non-refundable and subject to HST.

I have completed and attached my annual registration renewal form together with the necessary fees.

_____ Date

_____ Applicant signature