



APPLICATION FOR CHANGE OF OWNERSHIP

PHARMACY INFORMATION

PharmaCare code _____

Operating name _____

Current owner _____

Current manager _____

Address _____ Tel _____

_____ Fax _____

_____ Email _____

Postal code

PROPOSED CHANGES

New owner _____

New manager _____

Effective Date _____

A copy of the Certificate of Incorporation, Incorporation Application, Notice of Articles, and a copy of a valid business licence must be submitted together with this application.

PAYMENT OPTION

Cheque /Money order (payable to College of Pharmacists of BC)

VISA MasterCard

Card # _____ Exp ____/____

Cardholder name _____

Cardholder signature _____

Application Fee	157.50
License Fee	1,181.25
HST	160.65
Total	<u>\$1,499.40</u>
<small>HST # R106953920</small>	

I attest that:

- I attest that:
- The Pharmacy is in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
 - I have read and understood the Pharmacy Licensure in British Columbia – Information Guide and Resources package.

Name (please print)

Signature

Position (Owner/Director)

Date