



# APPLICATION FOR CHANGE OF DIRECTORS

## PHARMACY INFORMATION

PharmaCare code \_\_\_\_\_

Operating name \_\_\_\_\_

Manager \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_  
 \_\_\_\_\_ Fax \_\_\_\_\_  
 \_\_\_\_\_ Email \_\_\_\_\_  
 \_\_\_\_\_ Postal code \_\_\_\_\_

## PROPOSED CHANGES

<u>Add</u>	<u>Remove</u>	<u>Directors Name</u>	<u>Reg. #</u>	<u>Non-pharmacists</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>

**Please provide a copy of the Notice of Change of Directors (FORM 10). Upon approval of this application, the existing license will no longer be valid. A new license with the updated information will be issued.**

## PAYMENT OPTION

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

VISA       MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Application Fee	157.50
HST	18.90
<b>Total</b>	<b>\$176.40</b>
<small>HST # R106953920</small>	

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