NAME CHANGE
Registrants/Non-Registrant Indirect Owners

Form RL-NC

To update your name in the College's record, complete this form and submit it along with the required document, if applicable.

1. CHANGE TYPE

I am reporting a:

- ☐ Change in my **surname** following marriage (also submit a copy of your *Certificate of Marriage* with this form)
- ☐ Change in my **surname** back to my maiden name
- ☐ Change in my **legal name** (also submit a copy of your *Certificate of Name Change* with this form)
- ☐ Change in my **informal name**
- ☐ New informal name or an informal name that is not currently on my record

2. APPLICANT INFORMATION

PREVIOUS NAME (CURRENT RECORD WITH THE COLLEGE)

Legal Last Name (Surname)	Legal First Name	Legal Middle Name	Informal Name (if any)

NEW NAME

Legal Last Name (Surname)	Legal First Name	Legal Middle Name	Informal Name (if any)

OTHER INFORMATION

Street Address (Include Unit/Suite #)	City	Province	Postal Code	Country

Phone Number (Home)	Phone Number (Work)	Email

Applicant Type

- ☐ I am currently registered as a pharmacy professional with the College
- ☐ I am applying to register as a pharmacy professional with the College
- ☐ I am not registered as a pharmacy professional with the College but I am an indirect owner of a pharmacy licensed by the College (Skip the next row re: *other name used or have used*)

Registration Number (if any)

eServices ID

Other name(s) used or have used* (e.g. maiden name, birth name, previous married name)

1. _____
   Surname *First name* *Middle name*
2. _____
   Surname *First name* *Middle name*
3. _____
   Surname *First name* *Middle name*

*Registrants and Pre-Registrants only – this information will be used to conduct your Criminal Record Check when the next one is due.

Applicant Name (Print)	Applicant Signature	Date
		MMM | DD | YYYY

If you are a registrant or applying to be a registrant with the College, submit this form and applicable document to the **Registration Department** by email at: Registration@bcpharmacists.org, or by fax at: 604.733.2493 or 800.377.8129.

If you are **not** a registrant with the College but an indirect owner of a pharmacy licensed by the College, submit this form and applicable document to the **Licensure Department** by email at: Licensure@bcpharmacists.org, or by fax at: 604.733.2493 or 800.377.8129.

The College collects personal information on this application form to process the application and administer the College's related activities. The collection of this information is authorized under section 26(c) of the *Freedom of Information and Protection of Privacy Act (the Act)*. The College is authorized to use this information as per section 32(a) of the Act and may also disclose information in other circumstances when authorized by the Act or other legislation. Further information regarding the collection, use and disclosure of personal information can be found in the privacy policy posted on the College website: https://www.bcpharmacists.org/privacy. Should you have any questions about the collection, use or disclosure of this information, please contact our Privacy Officer at: privacy@bcpharmacists.org or 778-330-0969.

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