College of Pharmacists of British Columbia

APPLICATION FOR CHANGE OF DIRECT OWNER

PODSA Form 8A

1. CURRENT PHARMACY INFORMATION

Operating Name	**External Signage Name**	**Pharmacy Licence Number**	
Pharmacy Address	**City**	**Province** BC	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	
Manager Name		**Manager's Registration Number (BC)**	

2. CURRENT DIRECT OWNER[?] INFORMATION

Name of Current Direct Owner (e.g. Corporation/Sole Proprietorship/Partnership of Pharmacists)	**Incorporation Number (if applicable)**
Name of Current Authorized Representative	**eServices ID/Registration Number (BC)**

☐ I confirm that the pharmacy named above will be owned by the new direct owner on the effective date (information listed in section 3).

Signature of Current Authorized Representative	**Sign Date** MMM | DD | YYYY

3. NEW DIRECT OWNER[?] INFORMATION

Effective Date of Change (MMM-DD-YYYY)

Type of Ownership

☐ *Corporation*: ☐ Non-Publicly Traded **or** ☐ Publicly Traded

"Name of Company" on BC incorporation documents: _____

BC Incorporation Number: _____ Incorporation Date: _____

☐ *Sole Proprietorship (Single pharmacist, unincorporated)*

Pharmacist's legal name: First name _____ Last name _____ Registration number (BC): _____

Registered business name (if applicable): _____

☐ *Partnership of Pharmacists (≥2 pharmacists, unincorporated)*: Total number of partners: _____

Each pharmacist's full legal name and registration number (BC): _____

Registered business name (if applicable): _____

☐ *Other* – Specify: _____

[?] Click on the link for more information

4. ADDITIONAL INFORMATION

As a result of this change (direct owner):

a)	Will the **manager** be changed at the same time?	☐ Yes – Complete Form 8C	☐ No
b)	Will the **pharmacy operating name** or **external signage name** be changed at the same time?	☐ Yes – Complete Form 8E	☐ No
c)	Will the **pharmacy layout** be changed at the same time?	☐ Yes – Complete Form 8G	☐ No
d)	Will any **other pharmacies** be affected by this change of direct owner?	☐ Yes – Complete Form 9	☐ No

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5. PRIMARY CONTACT PERSON (NEW DIRECT OWNER) INFORMATION

Name	**Position/Title**	
Email Address	**Phone Number**	**Fax Number**

6. APPLICANT (NEW DIRECT OWNER) INFORMATION

Name of Authorized Representative	**Position/Title of Authorized Representative**	
Email Address	**Phone Number**	**Fax Number**
Signature	**Date** MMM | DD | YYYY	

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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7. PAYMENT INFORMATION

The total amount below is for one pharmacy. If this application applies to multiple pharmacies, the total amount will be charged for <u>each</u> pharmacy with the same change.

Operating Name (Auto-populate)

Method of Payment

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

Card Number	**Expiry Date (MM/YY)**
Cardholder Name	
Cardholder Signature	

Application fee	$ 791.00
Initial licence fee	$ 2474.00
GST	$ 163.25
Total	**$ 3428.25**
GST #	R106953920

<u>For office use ONLY</u>

<u>iMIS ID:</u> <u>Finance stamp:</u>

<u>Lic initials:</u>

<u>Date to Finance:</u>