



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 Licence Number (BC)	

2. CURRENT DIRECT OWNER <sup>2</sup> INFORMATION	
Name of Current Direct Owner (e.g. Corporation/Sole Proprietorship/Partnership of Pharmacy professionals)	Incorporation Number (if applicable)
Name of Current Authorized Representative	eServices ID/Licence Number (BC)
<input type="checkbox"/> 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 <sup>2</sup> INFORMATION
Effective Date of Change (MMM-DD-YYYY)
<b>Type of Ownership</b> <input type="checkbox"/> <i>Corporation</i> : <input type="checkbox"/> Non-Publicly Traded <b>or</b> <input type="checkbox"/> Publicly Traded "Name of Company" on BC incorporation documents: _____ BC Incorporation Number: _____ Incorporation Date: _____ <input type="checkbox"/> <i>Sole Proprietorship (Single pharmacy professional, unincorporated)</i> Pharmacy professional's legal name: First name _____ Last name _____ Licence number (BC): _____ Registered business name (if applicable): _____ <input type="checkbox"/> <i>Partnership of Pharmacy professionals (≥2 pharmacy professionals, unincorporated)</i> : Total number of partners: _____ Each pharmacy professional's full legal name and licence number (BC): _____ Registered business name (if applicable): _____ <input type="checkbox"/> <i>Other – Specify:</i> _____

<sup>2</sup> Click on the link for more information

4. ADDITIONAL INFORMATION	
<b>As a result of this change (direct owner):</b>	
a) Will the <b>manager</b> be changed at the same time?	<input type="checkbox"/> Yes – Complete <a href="#">Form 8C</a> <input type="checkbox"/> No
b) Will the <b>pharmacy operating name</b> or <b>external signage name</b> be changed at the same time?	<input type="checkbox"/> Yes – Complete <a href="#">Form 8E</a> <input type="checkbox"/> No
c) Will the <b>pharmacy layout</b> be changed at the same time?	<input type="checkbox"/> Yes – Complete <a href="#">Form 8G</a> <input type="checkbox"/> No
d) Will any <b>other pharmacies</b> be affected by this change of direct owner?	<input type="checkbox"/> Yes – Complete <a href="#">Form 9</a> <input type="checkbox"/> No



5. PRIMARY CONTACT PERSON (NEW DIRECT OWNER) INFORMATION	
Name	Position/Title
Email Address	Phone Number

6. APPLICANT (NEW DIRECT OWNER) INFORMATION	
Name of Authorized Representative	Position/Title of Authorized Representative
Email Address	Phone Number
Signature	Date
	MMM   DD   YYYY

The College of Pharmacists of BC ("College") collects, uses, discloses, stores, and retains personal information in compliance with the *Health Professions and Occupations Act (HPOA)*, the *Pharmacy Operations and Drug Scheduling Act (PODSA)*, and the *Freedom of Information and Protection of Privacy Act (FIPPA)*. The personal information you provide when completing and submitting this form is being collected and will be used by the College to carry out its mandate under the HPOA in the public interest. The collection of this personal information is permitted under section 26(c) and (e) of FIPPA. If you have any questions or concerns about the College's privacy practices, please contact the College's Privacy Officer: [privacy@bcpharmacists.org](mailto:privacy@bcpharmacists.org) or 604.733.2440.





**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 each pharmacy with the same change.

Operating Name (Auto-populate)

**Method of Payment\***

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

<b>Card Number</b>	<b>Expiry Date (MM/YY)</b>	Application fee	\$ 1341.00
		Initial licence fee	\$ 4193.00
		Special application fee	\$ 700.00
		GST	\$ 311.70
<b>Cardholder Name</b>		<b>Total</b>	<b>\$ 6545.70</b>
<b>Cardholder Signature</b>		GST #	R106953920

\*Visa or Mastercard debit cards and prepaid credit cards are not accepted. **All fees are non-refundable.**

**For office use ONLY**

iMIS ID: \_\_\_\_\_ Finance stamp: \_\_\_\_\_

Lic initials: \_\_\_\_\_

Date to Finance: \_\_\_\_\_