



College of Pharmacists  
of British Columbia

# APPLICATION FOR CHANGE OF INDIRECT OWNER(S)

**Form 8B**  
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## 1. CURRENT PHARMACY INFORMATION

<b>Operating Name</b>		<b>Pharmacy Licence Number</b>	
<b>Pharmacy Address</b>	<b>City</b>	<b>Province</b> BC	<b>Postal Code</b>
<b>Email Address</b>	<b>Phone Number</b>	<b>Fax Number</b>	
<b>Manager Name</b>		<b>Manager's Registration Number (BC)</b>	

## 2. DEPARTING INDIRECT OWNER(S)

Type	Company/Corporation Name	Name of Indirect Owner	Pharmacist (Y/N)	Effective Date of Change
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder			<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eServices ID*: _____	MMM   DD   YYYY
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder			<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eServices ID*: _____	MMM   DD   YYYY
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder			<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eServices ID*: _____	MMM   DD   YYYY
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder			<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eServices ID*: _____	MMM   DD   YYYY
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder			<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eServices ID*: _____	MMM   DD   YYYY

\*If known

## 3. NEW INDIRECT OWNER(S)

Type	Company/Corporation Name	Name of Indirect Owner	Pharmacist (Y/N)	Effective Date of Change
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder		<b>Name:</b>	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eServices ID*: _____	MMM   DD   YYYY
		<b>Email:</b>		
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder		<b>Name:</b>	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eServices ID*: _____	MMM   DD   YYYY
		<b>Email:</b>		
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder		<b>Name:</b>	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eServices ID*: _____	MMM   DD   YYYY
		<b>Email:</b>		
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder		<b>Name:</b>	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eServices ID*: _____	MMM   DD   YYYY
		<b>Email:</b>		
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder		<b>Name:</b>	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eServices ID*: _____	MMM   DD   YYYY
		<b>Email:</b>		

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## 4. ADDITIONAL INFORMATION

As a result of this change (indirect owner):

- |  |  |                             |
|--|--|-----------------------------|
| a) Will the <b>pharmacy operating name</b> or <b>external signage name</b> also be changed at the same time? | <input type="checkbox"/> Yes – Also complete <a href="#">Form 8E</a> | <input type="checkbox"/> No |
| b) Will the <b>pharmacy layout</b> also be changed at the same time?   | <input type="checkbox"/> Yes – Also complete <a href="#">Form 8G</a> | <input type="checkbox"/> No |
| c) Will <b>other pharmacies</b> be affected by the same change?  | <input type="checkbox"/> Yes – Also complete <a href="#">Form 9</a>  | <input type="checkbox"/> No |

## 5. APPLICANT (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](mailto:privacy@bcpharmacists.org) or 778-330-0969.