



1. CURRENT PHARMACY INFORMATION			
Operating Name		External Signage Name	Pharmacy Licence Number
Pharmacy Address		City	Province BC
Email Address		Phone Number	Postal Code
Manager Name		Fax Number	
		Manager's Registration Number (BC)	

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		Name:	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eServices ID*: _____	MMM   DD   YYYY
		Email:		
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder		Name:	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eServices ID*: _____	MMM   DD   YYYY
		Email:		
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder		Name:	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eServices ID*: _____	MMM   DD   YYYY
		Email:		
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder		Name:	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eServices ID*: _____	MMM   DD   YYYY
		Email:		
<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder		Name:	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eServices ID*: _____	MMM   DD   YYYY
		Email:		

\*If known



#### 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> be changed at the same time? | <input type="checkbox"/> Yes – Complete <a href="#">Form 8E</a> | <input type="checkbox"/> No |
| b) 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 |
| c) Will any <b>other pharmacies</b> be affected by this change of indirect owner?                       | <input type="checkbox"/> Yes – 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.