



College of Pharmacists
of British Columbia

APPLICATION FOR CHANGE OF INDIRECT OWNER(S)

PODSA Form 8B

Page 1 of 2

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. 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:		

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Page 2 of 2

4. ADDITIONAL INFORMATION

As a result of this change (indirect owner):

- a) Will the **pharmacy operating name** or **external signage name** be changed at the same time? Yes – Complete [Form 8E](#) No
- b) Will the **pharmacy layout** be changed at the same time? Yes – Complete [Form 8G](#) No
- c) Will any **other pharmacies** be affected by this change of indirect owner? Yes – Complete [Form 9](#) 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 or 778-330-0969.