College of Pharmacists of British Columbia

APPLICATION FOR CHANGE OF CORPORATION NAME

PODSA Form 8D

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**	

Type of Change

☐ Name of the Corporation that is the Direct Owner – Complete sections 2, 4 and 5

☐ Name of the Corporation that is a Shareholder – Complete sections 3, 4 and 5

Effective Date of Change

MMM | DD | YYYY

2. DIRECT OWNER INFORMATION

FORMER CORPORATION NAME

Name of Company on Incorporation Document	BC Incorporation Number*

NEW CORPORATION NAME

Name of Company on Incorporation Document	BC Incorporation Number*

*If the numbers are different, DO NOT submit this form but complete Form 8A (Change of Direct Owner) instead.

3. SHAREHOLDER INFORMATION

FORMER CORPORATION NAME

Name of Company on Incorporation Document	Incorporation Number**

NEW CORPORATION NAME

Name of Company on Incorporation Document	Incorporation Number**

**If the numbers are different, DO NOT submit this form but complete Form 8B (Change of Indirect Owner) instead.

4. ADDITIONAL INFORMATION

As a result of this change (corporation name):

a) Will the **indirect owner(s)** be changed at the same time? ☐ Yes – Complete **Form 8B** ☐ 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 corporation name? ☐ Yes – Complete **Form 9** ☐ No

5. APPLICANT (DIRECT OWNER) INFORMATION

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

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