



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 <input type="checkbox"/> Name of the Corporation that is the <u>Direct Owner</u> – Complete sections 2, 4 and 5 <input type="checkbox"/> Name of the Corporation that is a <u>Shareholder</u> – 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?	<input type="checkbox"/> Yes – Complete Form 8B	<input type="checkbox"/> No
b) Will the pharmacy operating name or external signage name be changed at the same time?	<input type="checkbox"/> Yes – Complete Form 8E	<input type="checkbox"/> No
c) Will the pharmacy layout be changed at the same time?	<input type="checkbox"/> Yes – Complete Form 8G	<input type="checkbox"/> No
d) Will any other pharmacies be affected by this change of corporation name?	<input type="checkbox"/> Yes – Complete Form 9	<input type="checkbox"/> No

5. APPLICANT (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 or 604.733.2440.