



College of Pharmacists  
of British Columbia

# APPLICATION FOR CHANGE OF CORPORATION NAME

Form 8D

Page 1 of 2

## 1. CURRENT PHARMACY INFORMATION

Operating 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 Notice of Articles/BC Company Summary	BC Incorporation Number*
NEW CORPORATION NAME	
Name of Company on Notice of Articles/BC Company Summary	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/Corporation as Provided in Incorporation Document	Incorporation Number**
NEW CORPORATION NAME	
Name of Company/Corporation as Provided in 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 <b>indirect owner(s)</b> also be changed at the same time?	<input type="checkbox"/> Yes – Also complete <a href="#">Form 8B</a>	<input type="checkbox"/> No
b) 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
c) 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
d) 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



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Form 8D

Page 2 of 2

### 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.