



To learn the differences between an "Operating Name" and an "External Signage Name", refer to the [Pharmacy Licensure Guide](#).

1. PHARMACY INFORMATION			
Current Operating Name	Current External Signage Name	Pharmacy Licence Number	
Pharmacy Address	City	Province BC	Postal Code
Email Address	Phone Number	Fax Number	
Manager Name		Licence Number (BC)	
PROPOSED NEW OPERATING NAME (if applicable)			
Proposed Operating Name		Effective Date of Change MMM DD YYYY	
PROPOSED NEW EXTERNAL SIGNAGE NAME (if applicable)			
Proposed External Signage Name		Effective Date of Change MMM DD YYYY	

2. ADDITIONAL INFORMATION			
As a result of this change (operating name and/or external signage name):			
a) Will the direct owner be changed at the same time?	<input type="checkbox"/> Yes – Complete Form 8A	<input type="checkbox"/> No	
b) Will the indirect owner(s) be changed at the same time?	<input type="checkbox"/> Yes – Complete Form 8B	<input type="checkbox"/> No	
c) Will the manager be changed at the same time?	<input type="checkbox"/> Yes – Complete Form 8C	<input type="checkbox"/> No	
d) Will the pharmacy location be changed at the same time?	<input type="checkbox"/> Yes – Complete Form 8F	<input type="checkbox"/> No	
e) Will the pharmacy layout be changed at the same time?	<input type="checkbox"/> Yes – Complete Form 8G	<input type="checkbox"/> No	
f) Will any other pharmacies be affected by this change? (applies to external signage only)	<input type="checkbox"/> Yes – Complete Form 9	<input type="checkbox"/> No	

3. 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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