



| 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 | |

| 2. MANAGER INFORMATION | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------|
| DEPARTING MANAGER | | |
| Last Name | First Name | Registration Number (BC) |
| NEW MANAGER | | |
| Last Name | First Name | Registration Number (BC) |
| Note: Pursuant to section 18(1) of the <i>PODSA Bylaws</i> , a full pharmacist may not act as manager of more than one community pharmacy location at the same time. | Effective Date of Change (MMM-DD-YYYY) | |

| 3. ADDITIONAL INFORMATION FOR DIRECT OWNERS THAT ARE <u>NOT</u> CORPORATIONS (E.G. HOSPITALS) | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Is the departing manager also an authorized representative of the pharmacy and is departing from the role of authorized representative as well? | <input type="checkbox"/> Yes – Complete Form 13 <input type="checkbox"/> No |

| 4. APPLICANT (DIRECT OWNER) INFORMATION | | |
|-----------------------------------------|---------------------------------------------|------------|
| Name of Authorized Representative | Position/Title of Authorized Representative | |
| Email Address | Phone Number | Fax Number |
| Signature | Date MMM DD YYYY | |

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