College of Pharmacists of British Columbia

INDIRECT OWNER – EMAIL CONTACTS

L-Form 7

The College will be communicating with each indirect owner using the email address provided below. Ensure that the information is current, correct, and legible. On page 1, list all the indirect owners of the corporation that is the Direct Owner. If applicable, complete page 2 for each shareholder (of the Direct Owner) that is a non-publicly traded, BC corporation. Make a copy of either of these two pages if you need more space.

1. INFORMATION OF THE CORPORATION THAT IS THE DIRECT OWNER

Name of Company on *Notice of Articles/BC Company Summary*	BC Incorporation Number

INFORMATION OF EACH INDIRECT OWNER (INDIVIDUALS) UNDER THIS CORPORATION

Type of Indirect Owner	BC Pharmacist (Y/N)	Last Name	First Name	Email Address
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _____ ☐ N – eService ID*: _____			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _____ ☐ N – eService ID*: _____			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _____ ☐ N – eService ID*: _____			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _____ ☐ N – eService ID*: _____			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _____ ☐ N – eService ID*: _____			
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☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _____ ☐ N – eService ID*: _____			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _____ ☐ N – eService ID*: _____			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _____ ☐ N – eService ID*: _____			

***if known**

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 or 778-330-0969.

If a shareholder of the Direct Owner is a non-publicly traded corporation in BC, complete the information below for each corporation. Make a copy of this page if you need more space or if there is more than one corporation that is a shareholder.

2. INFORMATION OF THE CORPORATION THAT IS A SHAREHOLDER

Name of Company/Corporation as Provided in Incorporation Document(s)	Incorporation Number

INFORMATION OF EACH INDIRECT OWNER (INDIVIDUALS) UNDER THIS CORPORATION

Type of Indirect Owner	BC Pharmacist (Y/N)	Last Name	First Name	Email Address
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _____ ☐ N – eService ID*: _____			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _____ ☐ N – eService ID*: _____			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _____ ☐ N – eService ID*: _____			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _____ ☐ N – eService ID*: _____			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _____ ☐ N – eService ID*: _____			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _____ ☐ N – eService ID*: _____			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _____ ☐ N – eService ID*: _____			
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☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _____ ☐ N – eService ID*: _____			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _____ ☐ N – eService ID*: _____			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _____ ☐ N – eService ID*: _____			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _____ ☐ N – eService ID*: _____			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _____ ☐ N – eService ID*: _____			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _____ ☐ N – eService ID*: _____			

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