



| 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 | |
| Manager Name | | Manager's Registration Number (BC) | |

| 2. RENOVATION INFORMATION | |
|--|--|
| PharmaNet Router <input type="checkbox"/> No change <input type="checkbox"/> Moving/disconnection required – Distance of router move: _____ | Proposed Completion Date MMM DD YYYY |
| Areas Affected by Renovation (select all that apply) <input type="checkbox"/> External to the Dispensary (up to 25 feet from the dispensary) – Specify: _____ <input type="checkbox"/> Lock-and-Leave: <input type="checkbox"/> add <input type="checkbox"/> remove <input type="checkbox"/> Dispensary area – Specify: _____ <input type="checkbox"/> Other area(s) on the premises – Specify: _____ | |

| 3. ADDITIONAL INFORMATION | |
|---|---|
| As a result of this change (layout): | |
| 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 operating name or external signage name be changed at the same time? | <input type="checkbox"/> Yes – Complete Form 8E <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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