

# College of Pharmacists of British Columbia



## PHARMACY LICENSURE DECLARATION – PROOF OF ELIGIBILITY EXEMPTION

I, \_\_\_\_\_, an authorized representative  
First name Last name

of the direct owner, \_\_\_\_\_, declare that the following  
Organization name

indirect owner(s) is under the age of 19 and is exempted from submitting his/her Proof of Eligibility thereof required for the  *New Pharmacy Licence* /  *Pharmacy Licence Renewal* /  *Pharmacy Licence Reinstatement* /  *Change of Direct Owner* /  *Change of Indirect Owner* application.

Legal Name	Date of Birth	Shareholder of (Corporation Name)

I understand that I will have to continue submitting this declaration form each year as part of the *Pharmacy Licence Renewal* application until the person(s) above turns 19 years old.

I declare the facts set out herein to be true. I understand that providing false or misleading information could result in a referral to the Inquiry Committee or Application Committee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signed Date

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Registration Number/eServices ID

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