



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

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](mailto:privacy@bcpharmacists.org) or 778-330-0969.