



**New Brunswick
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**Ordre des pharmaciens
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PHARMACY NAME CHANGE REQUEST

Pharmacy Certificate of Operation Number: P.....

Current Pharmacy Name:

New Name:

Certificate Holder:

Address:

Postal Code:

Tel: Fax:

E-mail:

Effective date:

** This form must be received no later than 14 days prior the change.*

The above information is correct and in no way misleading.	
Certificate Holder	
Name:
Signature:
Owner of this establishment	
Name:
Signature:

See [Fee Schedule](#) on website for *Certificate Replacement/Amendment* fee.

Payment must be included with form. See the Fee Schedule on website for applicable fee. Cheque, MasterCard or Visa are acceptable forms of payment.

Credit Card #: Expires (mm/yy): 3-digit code on back of card:

FAX TO: (506) 857-8838