New Brunswick
College of Pharmacists
Ordre des pharmaciens
du Nouveau-Brunswick

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Pharmacy Change of Ownership *(Regulation 14.3)*

Effective date: ……..……..……
Year Month Day

Current Registered Name of Pharmacy: ……..…… Certificate of Operation No.: ……

New Registered Name of Pharmacy: ……

New Incorporated Name: ……..……..……

Street Address: ……..……

City: …… Province: …… Postal Code: ……

Pharmacy Telephone: ……..…… Pharmacy Fax: ……..……..…..……

Pharmacy E-mail: …… Pharmacy website: ……

CURRENT OWNER INFORMATION

I (*print name*) …… will no longer be the owner of the pharmacy listed above.

I understand I am still responsible for all pharmacy activities as stipulated in the legislation until the date listed above.

…… ……..……
Signature of Current Owner Date

NEW OWNER INFORMATION

Name of New Owner: ……..……

Owner Telephone: …… Owner email: ……..……

As the new owner for the pharmacy, I certify that I have read Part XX of the Regulations relating to Pharmacy Manager responsibilities. I understand the role and responsibilities inherent in this undertaking and will operate this pharmacy in accordance with the Pharmacy Act, Regulations, Standards of Practice and any other requirements established by the NB College of Pharmacists.

……..…… ……..……
Signature of New Owner Date

PHARMACY MANAGER INFORMATION

Name: …… Registration/Licence No. ……..

The certificate holder/pharmacy manager of the above-mentioned pharmacy is (*select A or B*):

A. Staying the same **B.** New (complete Change in Certificate Holder Form at no additional charge)

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:** …..