



College of Pharmacists of Manitoba

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2017 APPLICATION FOR A LOCK AND LEAVE COMPONENT

I (We), _____ (Name of Pharmacist Owner(s), Company or Corporation for example: 123456 Manitoba Ltd.) hereby make application to conduct a Lock and Leave Component under the provisions of the Lock and Leave Regulations of the College of Pharmacists of Manitoba until the 31st day of December, 2017.

Pharmacy Name: _____

Pharmacy Address: _____

Pharmacy Manager: _____

Business Hours: _____
(hours the store is open)

Lock and Leave Hours: _____
(hours the pharmacy is open)

The above pharmacy will be conducted in accordance with the Lock and Leave requirements of the College.

I hereby make application for a Lock and Leave Component in the College of Pharmacists for the year ending **the 31st day of December, 2017.**

Signature of Pharmacy Manager

Date

FEE: \$200.00
GST \$ 10.00
\$210.00

PAYMENT MUST ACCOMPANY APPLICATION ... ALL FEES ARE NON-REFUNDABLE

GST No. R107660664

Cheque: (Payable to the College of Pharmacists of Manitoba (CPhM))

Interac: (Payment made at the CPhM Office)

Visa or MasterCard Number: _ _ _ / _ _ _ / _ _ _ / _ _ _ **Expiry Date:** _ _ / _ _