College of Pharmacists of Manitoba

200 Tache Avenue, Winnipeg, Manitoba R2H 1A7
Phone (204) 233-1411 | Fax: (204) 237-3468
E-mail: info@cphm.ca | Website: www.cphm.ca

2021 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, 2021.

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, 2021.**

_____ _____
Signature of Pharmacy Manager **Date**

FEE: $227.10 + $11.36 = $238.46

Payment Must Accompany Application (All fees are non-refundable) **GST No. R107660664**
o **Cheque: (Payable to the College of Pharmacists of Manitoba (CPhM))**
o **Visa or MasterCard Number: _ _ _ _/_ _ _ _/_ _ _ _/_ _ _ _ Expiry Date: __ __/ __ __**