



COLLEGE OF PHARMACIST OF MANITOBA

200 Taché Avenue, Winnipeg, Manitoba R2H 1A7
Phone #: 204-233-1411 | Fax #: 204-237-3468
E-Mail Address: info@cphm.ca | Website: www.cphm.ca

COMMUNITY PHARMACY - CHANGE OF OWNER

As per **Section 47 of The Pharmaceutical Regulations**, the Registrar must be notified of the following owner changes:

- ✓ Notice must be given to the registrar within seven days of the changes to officers/directors of the corporation or if the ownership of 50% or more of the voting shares of the corporation changed
- ✓ 30 days advance notice is required if the name of the owner changes, or the name or names under which the pharmacy conducts business changes

INITIAL REQUIREMENTS:

1. Fill out the **Changes to an Existing Pharmacy** Form
2. MB Companies Office File Summary for the pharmacy licence holder (sole proprietor, partnership, or corporation) showing that it is in good standing under *The Corporation Act*. Please refer to [section 64\(2\)\(b\)\(ii\) of The Pharmaceutical Act](#).
 - If another corporation is part of your company's shareholders, please provide a File Summary for that corporation.
 - The "As of" date (shown on the upper right-hand corner) must be within one month before submission of documents to the College.
3. Evidence in the form of a Notarized Declaration that the corporation's officer(s) and director(s), and legal and beneficial owners have not been subject to disciplinary, criminal, or administrative sanction in any jurisdiction. Should disciplinary, criminal, or administrative sanctions exist, further description of the specific incidents must be included. Please refer to [Section 64\(2\)\(e\) of The Pharmaceutical Act](#).

PROCESS:

Please accomplish the above requirements and send to registration@cphm.ca. A staff will review the documents and advise you if any correction is needed. Once deemed complete, your request will be submitted for review and further processing.



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APPLICATION FOR CHANGES TO AN EXISTING COMMUNITY PHARMACY

Prior to filling out this form, the pharmacy manager must ensure that pharmacy operating hours, pharmacy email, phone number, fax number and staff information remain the same otherwise, the updates must be done through the registrant login as indicated in [Pharmacy Status & Updates site](#). This form will only be use to notify the College of any changes to an existing pharmacy as stated in [Part 7 of The Pharmaceutical Act](#) and [Section 47 of the Pharmaceutical Regulations](#).

Please select the appropriate type of change for your request:

| Type of Change/Update | Please provide details: |
|---|-------------------------|
| <input type="checkbox"/> New Pharmacy Manager (Include Licence #) | <hr/> |
| <input type="checkbox"/> New Pharmacy Name | <hr/> |
| <input type="checkbox"/> New Pharmacy Location | <hr/> |
| <input type="checkbox"/> Pharmacy Renovation | <hr/> |
| <input type="checkbox"/> New Pharmacy Licence Holder (Entity/Company Name) | <hr/> |
| <input type="checkbox"/> New Pharmacy Owner's Name & Email Address | <hr/> |
| <input type="checkbox"/> Change in Officers/Directors or 50% or more of Shareholders | <hr/> |

REMINDER:

Each change must be submitted along with the appropriate supporting document(s). For a complete list of requirements for each change or if your intended change is not listed above, please contact registration@cphm.ca.

Pharmacy Licence Number

Pharmacy Name

Effective Date of Change:

New Pharmacy Email Address (if applicable):

Fill out this section only if you have selected any of the last three type of change on page 1:

If your pharmacy currently holds a licence with any component(s), do you wish to continue to provide the said service(s) after the College grants its approval for the ownership change?

- ☐ Yes, we wish to keep the said component(s) and willing to undergo the College's process to keep it. ☐ No, we do not wish to continue providing the said component(s).

FEES & PAYMENT

When your request has been reviewed and approved, you will receive an email from the College which how to settle the fee(s) online. Please visit our website for a full list of our [scheduled fees](#). Payment Options:

✓ **Visa or MasterCard**

This is our preferred payment option and can only be done online through the manager's registrant profile.

✓ **Cheque**

Print a copy of the invoice issued to you and mail to the College along with the cheque. Please take note that cheques must be made payable to the **College of Pharmacists of Manitoba**

Please Note: All Fees are NON-REFUNDABLE

We hereby declare that:

All pharmacy information remains the same and have been updated through the pharmacy profile as noted via [Pharmacy Status and Information Updates](#).

This pharmacy will be conducted in accordance with the provisions of [The Pharmaceutical Act](#), [The Pharmaceutical Regulations](#), other legislation and rules related to the practice of pharmacy and the provisions of and regulations made under the [Food and Drugs Act](#) and [Controlled Drugs and Substances Act of Canada](#).

This pharmacy will act in compliance of the [Medication Incidents and Near Miss Events Practice Direction](#) and the [Safety IQ Quality Assurance Program](#) that took effect on June 1, 2021.

We grant permission for the College of Pharmacists of Manitoba to access drug wholesale records for this pharmacy.

This pharmacy meets the minimum \$5,000,000 commercial general liability insurance requirement under a policy through the insurance company _____.

We acknowledge and agree that if we submit this document electronically and insert our name below, it is equivalent to our original ink signature.

Pharmacy Manager's Full Name & Licence #

Pharmacy Manager's Signature

Pharmacy Owner/Signing Officer's Full Name

Pharmacy Owner/Signing Officer's Signature

IN THE MATTER OF: A declaration made pursuant
to [The Pharmaceutical Act](#) on behalf of
_____, dated _____.

I, _____, holding the position of _____
at _____ (the "Corporation"), of the City of _____,
in the Province of Manitoba, hereby certify in my capacity as _____ of the
Corporation and not in my personal capacity, as follows:

1. The Corporation's officers, directors, and legal and beneficial owners have not been subject to disciplinary, criminal, or administrative sanctions in any jurisdiction.
2. The Corporation has not been convicted of an offence concerning professional conduct by the Corporation's governing body.
3. The Corporation has not been subject to a judgement for fraud, corruption, involvement in a criminal organization, money laundering or any other illegal activity.
4. The Corporation has duly filed on a timely basis, completely and accurately and in accordance with all applicable laws of Canada all tax returns required to be filed by it and has paid all taxes that are due and payable, and all assessments, reassessments, and governmental charges due and payable by it. The Corporation has withheld from each payment made to any of its past or present employees, officers, or directors, and to any non-resident of Canada, the amount of all taxes and other deductions required to be withheld therefrom and has paid the same to the proper tax or other receiving officers within the time required under any applicable legislation. The Corporation has remitted to the appropriate tax authority when required by law to do so all amounts collected by it on account of GST.

AND I make this declaration, release and acknowledgement believing it to be true, and knowing that it is of the same force and effect as if made under oath, and by virtue of the [Canada Evidence Act](#).

A Notary Public in and for the
Province of Manitoba

Pharmacy Owner/Signing Officer