



## COLLEGE OF PHARMACIST OF MANITOBA

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### NAME CONSENT FORM FOR PHARMACY/BUSINESS NAME CHANGE

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**TO: College of Pharmacist of Manitoba**

Pursuant to [Section 4\(2\) of The Pharmaceutical Act](#), we at \_\_\_\_\_ (Company Name),  
pharmacy licence holder for \_\_\_\_\_ (Current Pharmacy Name), would like to seek for  
the College's consent to amend the mentioned pharmacy/business name to  
\_\_\_\_\_. (Preferred New Pharmacy Name). Once the new name has been registered with  
Manitoba Companies Office and the "College", we hereby affirm that we will no longer use the previous name and  
will remove it from use in the pharmacy.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Pharmacy Manager (Signature Over Printed Name)

\_\_\_\_\_  
Pharmacy Owner (Signature Over Printed Name)

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**ATTENTION: Manitoba Companies Office**

The College hereby acknowledges the foregoing and gives its consent to change the pharmacy/business name to  
\_\_\_\_\_ and this shall **not** be use to amend the company name. This name  
consent is only valid within 3 months from the approval date below.

PER:

\_\_\_\_\_  
*Kevin Hamilton*  
Registrar, College of Pharmacists of Manitoba

\_\_\_\_\_  
Date of Approval