



## Pharmacy – Change of Location

*(Must be submitted at least 14 days prior to change)*

### PART I - PHARMACY INFORMATION

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Expected date of change: .....  
Year Month Day

Pharmacy Name (to appear on Certificate of Operation): .....

Pharmacy Certificate of Operation Number: **P**.....

New Pharmacy Address: .....

City: ..... Province: ..... Postal Code: .....

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

Pharmacy E-mail: .....

Pharmacy website: .....

#### Licensed pharmacist to whom Certificate of Operation is issued (pharmacy manager):

Name: ..... Registration/Licence no. ....

### PART 2 – AUTHORIZATION AND PAYMENT

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**Payment must be included with submission of 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: .....

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Signature of Certificate Holder /Pharmacy Manager

.....  
Date