



ONTARIO COLLEGE OF PHARMACISTS

483 HURON STREET, TORONTO, ONTARIO M5R 2R4

TEL. (416) 962-4861 • FAX (416) 847-8200

PURCHASE/SALE – LETTER OF INTENT (15 DAYS NOTICE)

PHARMACY BEING PURCHASED:

Pharmacy Name Accreditation #

Pharmacy Address

.....

Purchase/Sale Date

PURCHASING CORPORATION:

Corporation Name

Directors OCP#

..... OCP#

..... OCP#

Shareholders OCP#

..... OCP#

Contact Name Prior to Purchase

Contact Phone Number ()

Contact Cell Phone Number ()

Contact E-mail

Contact Address

.....

PURCHASER/SELLER AGREEMENT:

.....
(name of purchaser) (OCP#) Signature (required)

.....
(name of seller) (OCP#) Signature (required)

Please fax this form to: 416-847-8200 (Attention: Client Services)