

# NOTIFICATION OF CHANGE OF CONTROL FOR DRUG PREPARATION ACTIVITIES

As per OCP By-Law Article 18.1 Change of Control, the Registrant must notify the College that a Change of Control has occurred for a Drug Preparation Premises:

## Change of Control

### 18.1 Change of Control.

**18.1.1** In the event that a Registrant engages in or supervises drug preparation activities at or in connection with a Drug Preparation Premises, the Registrant must notify the College in the event that the Registrant becomes aware that a Change of Control has occurred in respect to such Drug Preparation Premises.

**18.1.2** When used herein, the term “Change of Control” in respect of a Drug Preparation Premises shall mean:

- a) Any transfer of all or substantially all of the assets of the owner of the Drug Preparation Premises;
- b) Any transfer of all or substantially all of the assets used in the operation of the Drug Preparation Premises;
- c) Any change in ownership of more than fifty percent (50%) of the shares of the owner of the Drug Preparation Premises;
- d) Any amalgamation, merger or consolidation of the owner of the Drug Preparation Premises with another entity;
- e) Any governance reorganization causing a change in fifty percent (50%) or more of the members of the board of directors of the owner of the Drug Preparation Premises; and
- f) Any dissolution, liquidation or winding-up of the owner of the Drug Preparation Premises, in each case, by way of one or a series of related transactions.

Please complete the notification form, including payment for an inspection, and return it by email to [pharmacyapplications@ocpinfo.com](mailto:pharmacyapplications@ocpinfo.com) or by fax to 416-847-8399

## Corporate Change

<b>A</b>	Type of Change (refer to 18.1.2 above):	
	Date of Change	

## DPP Information

<b>B</b>	DPP Name			
	Street Address	City	Province	Postal Code
			ONTARIO	
	Email Address	Phone Number	Fax Number	

## Corporate Information (Original Company that owned the DPP)

<b>C</b>	Corporation Name		
	Street Address		
	City	Province	Postal Code
	Phone Number	Fax Number	
	<b>Corporation Contact</b>		
	Corporate Contact Name	OCP Number (if applicable)	
Email Address	Phone Number		

## Corporate Information (New Company taking ownership of the DPP)

<b>D</b>	Corporation Name		
	Street Address		
	City	Province	Postal Code
	Phone Number	Fax Number	
	<b>Corporation Contact</b>		
	The Corporate Contact is the person legally accountable for the corporation and will act as the primary contact person for all corporate matters.		
Corporate Contact Name	OCP Number (if applicable)		
Email Address	Phone Number		
Signature	Date		

## DPP Personnel (only list members of the College)

<b>E</b>	<b>Designated Member (serves as the contact person with the College)</b>	
	Designated Member Name	OCP Number
	<b>Others</b>	
	Registrant Name	OCP Number
	Registrant Name	OCP Number
	Registrant Name	OCP Number
	Registrant Name	OCP Number

# DPP Inspection Payment Information

Refer to the Schedule of Fees on our website (line 19) – fee should be based on the year the inspection will occur:  
<https://www.ocpinfo.com/wp-content/uploads/2019/12/schedule-of-fees.pdf>

DPP Name

I am enclosing a cheque made payable to the Ontario College of Pharmacists in the amount of: Amount

I authorize the Ontario College of Pharmacists to charge the credit card below in the amount of: Amount

### Credit Card Authorization

Visa       MasterCard       American Express

Credit Card Number	CVV Number	Expiry Date (MM/YY)

Cardholders Name	Telephone

Cardholders Signature	Date Signed

**F**

- **If paying by credit card**, you may submit your completed notification to the College by scanning and emailing it to the attention of Pharmacy Applications & Renewals at [pharmacyapplications@ocpinfo.com](mailto:pharmacyapplications@ocpinfo.com) or fax to 416-847-8399.

- **If paying by cheque**, please mail your complete notification to:

Ontario College of Pharmacists  
 Pharmacy Applications & Renewals  
 483 Huron Street  
 Toronto, ON M5R 2R4.