



Newfoundland & Labrador Pharmacy Board

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Change of Personal Information

PLEASE PRINT CLEARLY

PREVIOUSLY PROVIDED INFORMATION:

Name:

Last Name First Name Middle Initial

Address:

Street Address (or P.O. Box)

City/Town & Province Postal Code Country

Phone
Number:

() _____ () _____
Home Phone Number Other Phone Number

Email
Address:

Home Email Address Other Email Address

CHANGES AND/OR CORRECTIONS:

Name:

Last Name First Name Middle Initial

Address:

Street Address (or P.O. Box)

City/Town & Province Postal Code Country

Phone
Number:

() _____ () _____
Home Phone Number Other Phone Number

Email
Address:

Home Email Address Other Email Address

I certify that the information provided is complete and correct.

Pharmacist Name Registration #

Signature Date Signed