NEVADA STATE BOARD OF PHARMACY

555 Double Eagle Court #1100 • Reno, NV 89521 • (775) 850-1440

APPLICATION FOR CANADIAN PHARMACY LICENSE - CORPORATION

FEE $500.00 **(non-refundable** and **nottransferable)**
Application must be printed legibly

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy ✓ Ownership Change_____Name Change ____

GENERAL INFORMATION

Pharmacy Name : HOMELINX PHARMACY

Physical Address : 110-6245 136 STREET, SURREY, BC

Mailing Address: 110-6245 136 STREET

City: SURREY Province: BC Postal Code: V3X 1H3

Telephone Number: 604-503-6470 Fax Number: 604-503-6469

Toll Free Number:_____ E-mail address:_____

Managing Pharmacist: SHIVINDER BADYAL License Number: ~~33022~~ 11098

Hours of Operation:

Monday thru Friday 9 am 6 pm Saturday 10 am ~~2~~ pm

Sunday ___ am ___ pm 24 Hours ____

Provincial Licenses (Use additional sheet if needed)

Province: BRITISH COLUMBIA License # 33022

Province:_____License#:_____

Province:_____License#:_____

Province:_____License#:_____

Province:_____License#:_____

Board Use Only

Date Amount $500.00

97633

OWNERSHIP IS A CORPORATION

Province of Incorporation: BRITISH COLUMBIA

Parent Company if any: QUANTUS HEALTHCARE LTD.

Corporation Name: QUANTUS HEALTHCARE LTD.

Mailing Address: 110- 6245 136 STREET

City, Province and Zip: SURREY BC V3X 1H3

Telephone Number: 604-503-6470 Fax Number: 604-503-6469

Contact Person: SHIVINDER BADYAL

Name and title of each officer and director (Use additional sheet if needed)

Officer or director name	Officer or director title
SHIVINDER BADYAL	DIRECTOR

List the corporations four largest shareholders
(Name, professional degree, occupation, address, city, province, zip and percentage of ownership)

Name	Percentage
1) SUKHWINDER GREWAL CPA, BUSINESS PERSON [redacted] SURREY BC	70%
2) SHIVINDER BADYAL PHARMACIST [redacted], SURREY, BC V3S 9L9	30%
3)	
4)	

List any physician shareholders and percentage of ownership:

N/A

If corporation is a subsidiary, list name and province of incorporation of the parent corporation, and include a list of its officers.

SUKHWINDE

INGREEN INVESTMENTS LTD. - BRITISH COLOMBIA - GREWAL

MACDOU CONSULTING INC. BRITISH COLUMBIA - SHIVINE BADYAL

Within the last five (5) years:

1) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) in U.S. federal court or U.S. state court, or an indictable offense or a Summary Conviction offense (including by way of guilty plea) in a Provincial Court, a Provincial Superior Court, or the Federal Court of Canada?

Yes ☐ No ☒

2) Has the firm or any owner(s), shareholder(s) with a least 10% interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration by any U.S. state or Canadian province?

Yes ☐ No ☒

3) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or disciplinary proceeding or is presently subject of any administrative investigation, complaint, or matter on judicial review or appeal relating to the pharmaceutical industry in the U.S. federal system, any U.S. state, the Canadian federal system, or Canadian province?

Yes ☐ No ☒

4) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been found guilty, pled guilty or entered a plea of nolo contendere to any U.S. federal, U.S. state, Canadian federal, or Canadian provincial offense related to controlled substances?

Yes ☐ No ☒

5) Has the firm or any owner(s), shareholder(s) with a least 10% interest, officer(s) or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary closure of a facility) in any U.S. state or Canadian province?

Yes ☐ No ☒

If the answer to any question 1 through 5 is "yes", a signed statement of explanation must be attached. If the firm, owners, shareholders, officers or directors have previously submitted information regarding the above 5 questions and no new or changed actions have occurred since the last submission, do not provide repetitious documentation. Please give information only about new or changed actions. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the United States, the State of Nevada, Canada, or any Canadian province regulating the operation of an authorized pharmacy may be grounds for discipline, up to and including the revocation of this license.

Signature of owner or executive officer

JUN. 30, 2017
Date

SUKHWINDER GREWAL, PRESIDENT
Print or Type name and title

CANADIAN APPLICATION FOR CERTIFICATION AS A PROVIDER OF INTERNET PHARMACY SERVICES

GENERAL INFORMATION

Name of licensed pharmacy: HOMELINK PHARMACY

Websites in use or intended to be used: _____

_____

_____

Affiliated websites (websites that link to or otherwise direct users to your website):

_____

_____

_____

1. Is the pharmacy licensed in each state or province which the pharmacy will practice pharmacy (Yes) No

PLEASE ATTACH A SEPARATE SHEET LISTING ALL THE STATES OR PROVINCES IN WHICH YOU ARE LICENSED, INCLUDING THE DATE OF INITIAL LICENSURE AND THE LICENSE NUMBER.

2. Does the pharmacy maintain and enforce policies and procedures that ensure the following:

A) That the pharmacy will establish the authenticity of each prescription that the pharmacy receives? (Yes) No

B) That the pharmacy will not fill any prescription which has been previously filled by another pharmacy? (Yes) No

C) That for each prescription the pharmacy fills, the prescription cannot be filled subsequently by another pharmacy? (Yes) No

D) That the pharmacy will authenticate the identity of each patient and prescribing practitioner? (Yes) No

E) That the prescriptions will be filled in compliance with all applicable Canadian federal and provincial laws and Nevada law? (Yes) No

F) That a patient or the caregiver of the patient may make a complaint to the pharmacy regarding a prescription? (Yes) No

G) That if a complaint is made, the complaint will be investigated thoroughly and that the results of the investigation will be communicated to the patient or caregiver? (Yes) No

H) That if the investigation of a complaint reveals that the operations of the pharmacy resulted in an error in the processing or filling of the prescription, appropriate remedial action was taken by the pharmacy? (Yes) No

I) That the pharmacy will communicate to a patient or a prescribing practitioner any delay that might jeopardize or alter the drug therapy of the patient with respect to delivering the prescribed drug or device? (Yes) No

J) That the pharmacy will communicate to a patient information regarding recalls of drugs and the appropriate means to dispose of expired, damaged or unusable drugs or devices? (Yes) No

3. Does the pharmacy obtain and maintain patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes? (Yes) No

4. Will the pharmacy provide review of drug utilization and counseling of patients pursuant to applicable Nevada and provincial law? (Yes) No

5. Does the pharmacy maintain controls of its computer system, information concerning patients, and other such confidential information and documents to prevent unauthorized or unlawful access to all such confidential information and documents? (Yes) No

6. Does the pharmacy comply with applicable Canadian federal and provincial laws or U.S. state laws regarding the following:

A) To the dispensing of prescription drugs? (Yes) No

B) To the record keeping related to the patients served by the pharmacy, the purchase of prescription drugs and the sale and dispensing of prescription drugs? (Yes) No

C) To the sale of over-the-counter products, including any special requirements related to products that have been identified as precursors to the manufacture or compounding of illegal drugs ? (Yes) No

7. Does the pharmacy ship prescriptions to a patient using secure and traceable means? (Yes) No

8. Does the pharmacy ship prescriptions to apatient using packaging or devices which will ensure that the prescription is maintained within appropriate standards pertaining to temperature, light and humidity as described in the *United States Pharmacopoeia?* (Yes) No

PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCEDURES.

The signature below certifies that the answers provided in this application are true, correct and complete.

Signature of Owner

JUN 30,20A
Date

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED IN CANADA

I, SUKHWINDER GREWAL,

Corporate Officer of QUANTUS HEALTHCARE LTD.

Inc. hereby acknowledge and understand that in addition to the corporation's responsibility, my fellow officers and I, as corporate offices of said corporation, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporate officers may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state, provincial, or Canadian federal laws or regulations pertaining to the practice of pharmacy or operation of a pharmacy in Canada and Nevada.

Signature

Date JUN 30, 2017

Title PRESIDENT

College of Pharmacists
of British Columbia

ID # **33022**

Date of Issuance: 6/19/2017

This is to certify that

Shivinder Badyal

is licensed to operate a pharmacy under the

HOMELINX PHARMACY
110 - 6245 136 St
Surrey, BC V3X 1H3

Pharmacy Owner **QUANTUS HEALTHCARE LTD.**

Corporate Directors Shivinder Badyal *(Full Pharmacist)*

In accordance with the provisions of the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, and the Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts until **June 30, 2018**

ID # 33022

HOMELINX PHARMACY
110 - 6245 136 St
Surrey, BC V3X 1H3