PCF. 17

PHARMACY COUNCIL

NOTIFICATION FOR CHANGE OF MANAGEMENT OF A PHARMACY

(Made under regulation 17(1) Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) GN No. 267)

A. **TO BE COMPLETED BY THE SUPERINTENDENT AND OWNER**

DETAILS OF THE PHARMACY

Name of the pharmacy....MAK MEDICS PHARMACY..........

Physical address:

Street..ST.BENJAMINE..................Ward.......PANGANI......................

District/Municipal.....ARUSHA CITY......................

Region......ARUSHA...

DETAILS OF SUPERINTENDENT

Name...EUGEN RAYMOND KIMARO.........

Registration Number.....0103254...................................

Phone....0767345605..

Address...SOMBETINI, ARUSHA...................

REASON(s) FOR CHANGE

~~SUPER~~ CURRENT SUPERINTENDENT WANT TO START HIS OWN PHARMACY BUSINESS BY USING HIS CERTIFICATE OF REGISTRATION.

TIME FRAME: (Notify Registrar the time frame as per Contract)

.....THIRTY DAYS..

Signature......[signature]..............................

Date.....16/01/2024..

OWNER REMARKS

...........Accepted...

Name.....GALINGA MAKONGORO.....................

Phone Number ....0787 515565.................

Signature.....[signature].................................

Date..........16/01/2024..............

FOR **OFFICE USE ONLY**

INSPECTION/REGISTRATION DEPARTMENT OR ZONAL MANAGER

PHARMACY COUNCIL RECEIVED 16 JAN 2024 P.O. Box 15353, ARUSHA

Recommendations.....As above..........................

Name Daniel K. Mnodolo Designation Intern Pharm Signature....[signature]

Date...........