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..... MATEWITI PHARMACY .....
Physical address:
Street..... CHOGO ..... Ward..... MODE .....
District/Municipal..... MAROEMI MJI .....
Region..... IRINGA .....

DETAILS OF SUPERINTENDENT

Name..... RAHIM SAID .....
Registration Number..... 0101500 .....
Phone..... 0769209354 .....
Address.....

REASON(s) FOR CHANGE ..... SHIFTING FROM KOROGWE TO MWARIGA .....
.....

TIME FRAME: (Notify Registrar the time frame as per Contract) ..... The contract will end at 31 DECEMBER 2023 .....
Signature..... .....
Date.....

OWNER REMARKS

..... CHARLES MWITEWITI .....
Name..... GILBERT .....
Phone Number..... 0713-191273 .....
Signature.....
Date..... 27/12/2023 .....

FOR **OFFICE USE ONLY**

INSPECTION/REGISTRATION DEPARTMENT OR ZONAL MANAGER

Recommendations.....
Name.....Designation.....Signature.....
Date.....