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..... AMGROWF .....
Physical address:
Street..... SINZA MORI ..... Ward..... KIJITONYAMA .....
District/Municipal..... KINONDONI .....
Region..... DAR ES SALAM .....

DETAILS OF SUPERINTENDENT

Name... CINCREA RWAKABALE REUBEN .....
Registration Number... 01.03737 .....
Phone..... 0755 789 376 .....
Address..... Dodoma Tanzania .....

REASON(s) FOR CHANGE

Change of the residene from dar es salam to Dodoma .....
.....

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

..... One month .....
Signature... C. Rwakabale .....
Date..... 11 | 10 | 2024 .....

OWNER REMARKS

..... I agree to change the management of the pharmacy .....
Name..... ALICE NYILENDA .....
Phone Number 0652806397 .....
Signature... Alyilenda .....
Date... 11 | 10 | 2024. .....

FOR OFFICE USE ONLY

INSPECTION/REGISTRATION DEPARTMENT OR ZONAL MANAGER

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