

NOTICE FOR CHANGE OF MANAGEMENT OR PHARMACEUTICAL PERSONNEL OF A PHARMACY

(Regulation 17(1) of The Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) GN No. 267)

Changes to be Made: Superintendent ☒ Other Pharmaceutical Personnel ☐

A. TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER

A.1. DETAILS OF THE PHARMACY

Name of the Pharmacy

GARIBELLA PHARMACY

Physical address:

Street: LKONGORUKE Ward: LKONGORUKE District/Municipal: LKONGORUKE Region: LINDI

Full Name

HINDU NASSAR MOHAMMED

Address

LKONGORUKE

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LKONGORUKE

B. TO BE COMPLETED BY THE OWNER ONLY

NEW SUPERINTENDENT

Name of Superintendent

Physical address:

Street

Ward

District/Municipal

Region

Contacts of previous Superintendent

Email of previous Superintendent

QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT (To be attached)

- (i) copies of registration certificate and valid license to practice
- (ii) Contract Agreement
- (iii) Commitment Letter

REASONS FOR CHANGING THE MANAGEMENT

C. FOR OFFICE USE ONLY

INSPECTION/REGISTRATION OR ZONAL

Recommendations

Name

Designation

Signature

Date

NOTE:

Failure to acquire the services of another superintendent within the mentioned time frame, shall lead to immediate closure of the premises as per Section 43 of the Pharmacy Act Cap 311.