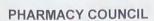


\* CHE parmoto \*





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 SAMAE PHARMACY Physical address: Street ハルスカントン Ward ハメミム District/Municipal M&FYA LIRBAY Region M&FYA
DETAILS OF SUPERINTENDENT  Name JESCA PIGHTON MANA  Registration Number 0102822  Phone 0258001368  Address Jesught 4 Degmail Com
REASON(s) FOR CHANGE  Kuhama mavazi  TIME FRAME: (Notify Registrar the time frame as per Contract)  Museri mmera (30 days)  Signature 1 namen  Date 20 11 20 4
Name SARAH MIAUAMA Phone Number 0679269584 Signature
FOR OFFICE USE ONLY
INSPECTION/REGISTRATION DEPARTMENT OR ZONAL MANAGER
Recommendations

B. TO BE COMPLETED BY THE OWNER ONLY
NEW SUPERINTENDENT Name of Superintendent GODFREY JOJEPH KLAWE Physical address: Street LGONG B Ward LGANGA District/Municipal MBEYA LLBAN Region MBEYA Contacts of previous Superintendent P7-68 DOLZ68 Email of previous Superintendent Jeanghit 4 P. gmail Com
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
NameDesignationSignature

**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.