

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 SAME PHARMACY
Physical address:
Street VIWANDARI Ward IYELA
District/Municipal MBEYA URBAN
Region MBEYA

DETAILS OF SUPERINTENDENT

Name JERICA RIGHTON MUKAMA
Registration Number 0102822
Phone 0258001368
Address jeright4@gmail.com

REASON(s) FOR CHANGE

Kuhama makazi

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

Mwizi mpya (30 days)
Signature J. Righon
Date 20/11/2024

OWNER REMARKS

Name SARA MUKAMA
Phone Number 0679269584
Signature [Signature]
Date 20/11/2024

FOR OFFICE USE ONLY**INSPECTION/REGISTRATION DEPARTMENT OR ZONAL MANAGER**

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

B. TO BE COMPLETED BY THE OWNER ONLY**NEW SUPERINTENDENT**Name of Superintendent GODFREY JOSEPH KILWE

Physical address:

Street IGOMA BWard ISANIKADistrict/Municipal MBEYA URBANRegion MBEYAContacts of previous Superintendent 0758 001 368Email of previous Superintendent J&nght.4@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**

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.