PCF. 17

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..ORANGE PHARMACY.....
Physical address:
Street..TANDALE UZURI (SUNSET KOM) Ward...TANDALE.....
District/Municipal...UBUNGO.....
Region...DAR-ES-SALAAM.....

DETAILS OF SUPERINTENDENT

Name...PASTORY BERNARD.....
Registration Number..PIN 0103080.....
Phone...0762834514.....
Address..P.O.BOX 65495, DAR-ES-SALAAM

REASON(s) FOR CHANGE Transfer from these compounds to Mwanza region

TIME FRAME: (Notify Registrar the time frame as per Contract) 30 days

Signature.....
Date...31/10/2023

OWNER REMARKS

Name..AZALIA WILLIAM KYANDO.....
Phone Number 0654415656
Signature.....
Date...31/10/2023

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 CHARITY ALPHONCE
Physical address:
Street. MBOGWE
Ward. KIMONDO M1
District/Municipal. KIMONDO M1
Region DODOMA-SALAAM
Contacts of previous Superintendent. 0714618761
Email of previous Superintendent. benardpaul95@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
The previous superintendent has to be transfered to Mwanza region.

C. **FOR OFFICE USE ONLY**

INSPECTION/REGISTRATION OR ZONAL

Recommendations.....
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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.