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..... BEMIA PHARMACY. .....
Physical address:
Street.... IGOMA ..... Ward.. IGOMA .....
District/Municipal.... NYAMAGANA .....
Region..... MWANZA .....

DETAILS OF SUPERINTENDENT
Name.... VALENTINE SIMON VALENTINE.
Registration Number... 0103776 .....
Phone.... 0683362312 .....
Address.. MISUNGWI – MWANZA .....

REASON(s) FOR CHANGE
Breach of contract, Cfailure to pay Remunerations for three(3) consecutive months .....

TIME FRAME: (Notify Registrar the time frame as per Contract)
..... (1) One month .....
Signature Simon .....
Date... 01st August 2025 .....

OWNER REMARKS
.....
Name..... ISAAC KAKWIMBA .....
Phone Number 0758981562 / 0695875050 .....
Signature.... I. kakwimba .....
Date..... 01/8/2025 .....

FOR **OFFICE USE ONLY**

INSPECTION/REGISTRATION DEPARTMENT OR ZONAL MANAGER

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