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: ROSA PHARMACY

Physical address:

Street: IGUDIJA Ward: KISESA

District/Municipal: MAGU

Region: MWANZA

DETAILS OF SUPERINTENDENT

Name: JERRY JULIUS OCHIENG

Registration Number: 0103602

Phone: 0753235929

Address: P.O BOX 2993 BAHL

REASON(s) FOR CHANGE

Change of region of residency from Mwanza to Dodoma

TIME FRAME: (Notify Registrar the time frame as per Contract) 1 month

Signature: [signature]

Date: 14th, March 2025

OWNER REMARKS

Recommended. Wishing you all the best in your new residency.

Name: JOSEPH CHRISTOPHER MARWA

Phone Number: +255 754 516 150

Signature: [signature]

Date: 09th April 2025.

FOR OFFICE USE ONLY

INSPECTION/REGISTRATION DEPARTMENT OR ZONAL MANAGER

Recommendations

Name ..... Designation ..... Signature .....

Date .....