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.....VALENCK PHARMACY.....
Physical address:
Street...MAKAO MAPYA...Ward...LONGIDO.....
District/Municipal.....LONGIDO.....
Region.....ARUSHA.....

DETAILS OF SUPERINTENDENT
Name.....ASHIRAFA AIHUMANI ALI.....
Registration Number.....0103185.....
Phone.....0655-112918.....
Address.....8087, ARUSHA.....

REASON(s) FOR CHANGE
.....Pharmacist Moved to another Region.....
.....

TIME FRAME: (Notify Registrar the time frame as per Contract)
.....
Signature.....
Date.....18/3/25.....

OWNER REMARKS
.....Pharmacist Moved to another Region.....
Name.....VALENTINE J. MUTAHY 21.....
Phone Number .....0768185096.....
Signature.....Tonny.....
Date.....18/03/25.....

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 .....
Physical address:
Street.....
Ward.....
District/Municipal.....
Region.....
Contacts of previous Superintendent.....
Email of previous Superintendent.....

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.