

## 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..... FARMACIC PHARMACY  
 Physical address:  
 Street..... MAWENZU Ward..... MAWENZU  
 District/Municipal..... MOSHI  
 Region..... KILIMANTJARO

## DETAILS OF SUPERINTENDENT

Name..... ROSEMARY PUIS  
 Registration Number..... 101553  
 Phone..... 0154943648  
 Address..... MOSHI 318

## REASON(s) FOR CHANGE

EXCHANGING WITH SUPERINTENDENT OF USAFIRI  
CHEMISTRY BECAUSE SHE WANT TO SUPERVISE HER OWN PHARMACY

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

1/10/2023  
 Signature..... R.P.  
 Date..... 25/9/2023

## OWNER REMARKS

Name..... SHARON PETER MAYO  
 Phone Number..... 0133-334313  
 Signature..... SA  
 Date..... 25/9/2023

## 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 SHARON PETER SHAYO  
 Physical address:  
 Street MAWENZI  
 Ward MAWENZI  
 District/Municipal MOSHI MUNICIPAL  
 Region KILIMANJARO  
 Contacts of previous Superintendent 0754-943648  
 Email of previous Superintendent rosemary.pino58@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**

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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.