

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..... SABENA PHARMACY (Sabena Pharmaceuticals)
 Physical address:
 Street..... Sabena Ward..... Levosi
 District/Municipal..... ARUSHA CITY
 Region..... ARUSHA

DETAILS OF SUPERINTENDENT

Name..... DEOGRAIVS MWILA
 Registration Number..... 0101166
 Phone..... 0628312872
 Address..... P.O box 2137, Arusha.

REASON(s) FOR CHANGE

owner's reluctance to pay salary on time as per contract despite CMA frequent reminders.

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

90 days (11.12.2023 - 10.03.2024)
 Signature..... Dmila
 Date..... 8.12.2023

OWNER REMARKS

Name..... HUMPHREY MSANGI
 Phone Number..... 0754 722 091
 Signature.....
 Date..... 11.12.2023

FOR OFFICE USE ONLY**INSPECTION/REGISTRATION DEPARTMENT OR ZONAL MANAGER**

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