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: TINA PHARMACY - KIBAMBA BRANCH.

Physical address:

Street: Dr Shija Street Ward: Kibamba.

District/Municipal: UBUNGO.

Region: DAR - ES - SALAAM

DETAILS OF SUPERINTENDENT

Name: DICKSON J. ELISHA

Registration Number: D102242

Phone: 0785755909.

Address: DAR-ES-SALAAM - TANZANIA.

REASON(s) FOR CHANGE * Mutual agreement between the two side on termination of the contract.

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

- Within 1 month my name should be removed in that system as Superintendent at TINA PHARMACY

Signature: DJ

Date: 10/11/2023.

OWNER REMARKS

Mutual agreement of contract termination

Name: CHRISTINE G. MWAKASUNGULA

Phone Number: 0764699640

Signature: C. Mwakasungura

Date: 10/11/2023.

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 ....
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

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C. FOR OFFICE USE ONLY

INSPECTION/REGISTRATION OR ZONAL

Recommendations...
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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.