FLORA G. MASSAWE
P. O. BOX 49
LINDI
5/06/2025

PHARMACY COUNCIL
P. O. BOX 31818
DAR ES SALAAM

Dear Sir / Madam

REF: CHANGING OF MANAGEMENT OF PHARMACY.

Refer to the above I request to be removed as a superintendant of Mustaqbal pharmacy as the Owner wants to change the mode of business from pharmacy to Duka la Dawa Muhimu (DLDM). I hope my request will positively be adhered. I have attached the Changing of management form.

Yours Sincerely
FLORA G. MASSAWE
PHARMACIST.

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..MUSTAQBAL PHARMACY.....
Physical address:
Street...TANDIKA.....Ward.TANDIKA.....
District/Municipal..ILEMELE.....
Region....DAR ES SALAAM.....

DETAILS OF SUPERINTENDENT
Name..FLORA A. MANANE.....
Registration Number..01.03032.....
Phone...0698269506.....
Address.....

REASON(s) FOR CHANGE
..CHANGING FROM PHARMACY TO DLDM.....
.....

TIME FRAME: (Notify Registrar the time frame as per Contract)
...ONE MONTH.....
Signature..[signature]
Date..03/06/2025.....

OWNER REMARKS
I DECIDED TO CHANGE DUE TO POOR BUSINESS PERFORMANCE
Name.Mcha King Rashid.....
Phone Number 0655 047 697
Signature.....
Date..05/06/2025.....

FOR **OFFICE USE ONLY**

INSPECTION/REGISTRATION DEPARTMENT OR ZONAL MANAGER

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