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..... CINERA PHARMACY .....

Physical address:

Street. BONDE ..... Ward. JANGWANI .....

District/Municipal. ILALA .....

Region DAR ES SALAAM .....

DETAILS OF SUPERINTENDENT

Name. RAPHAEL RANGE .....

Registration Number. 0102026 .....

Phone. 0757641824 .....

Address. UBUNGO .....

REASON(s) FOR CHANGE

MUTUAL AGREEMENT AS CONTRACT ENDED .....

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

1 MONTH .....

Signature. ~~[illegible]~~ .....

Date. 01 NOV 2024 .....

OWNER REMARKS

.....

Name. MAURSEN DANIEL .....

Phone Number 0754-025624 .....

Signature. Mawel .....

Date. 7/11/2024 .....

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.....
.....
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.