

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..... **ELI-LAWI PHARMACY**
 Physical address:
 Street..... **GOBA KWA PWADHI** Ward..... **GOBA**
 District/Municipal..... **UBUNGO**
 Region..... **DAR-ES-SALAAM**

DETAILS OF SUPERINTENDENT

Name..... **MOZA JAMAL NASSORO**
 Registration Number..... **0102898**
 Phone..... **0676150285**
 Address..... **P.O BOX 71852 DAR-ES-SALAAM**

REASON(s) FOR CHANGE

..... **MUTUAL AGREEMENT**

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

Signature..... **[Signature]**
 Date..... **16/10/2025**

OWNER REMARKS

Name..... **ERICK CHARLES NINDI**
 Phone Number..... **0698 251212**
 Signature..... **[Signature]**
 Date..... **16/10/2025**

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.