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..... BR- PHARMACY - FIN: 0102841

Physical address:

Street... MPEMBA ..... Ward..... TUNDUMA

District/Municipal..... TUNDUMA

Region..... SONGWE

DETAILS OF SUPERINTENDENT

Name..... WILNESS RAPHAEL CHENGULA

Registration Number... 0103443

Phone..... 0768222314 / 0694645708

Address..... UYOLE - MBEYA

REASON(s) FOR CHANGE

..... Mutual agreement .....

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

..... 30 days (Thirty days) .....

Signature... W.chungula.....

Date..... 7/1/2025.....

OWNER REMARKS ALLOWED

..... BONAVENTURA MBAGA .....

Name.....

Phone Number 0769694833

Signature.....

Date..... 13/01/2025

FOR **OFFICE USE ONLY**

INSPECTION/REGISTRATION DEPARTMENT OR ZONAL MANAGER

Recommendations.....

Name.....Designation.....Signature.....

Date.....