

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... MSAFIRI CHEMIST LTD
 Physical address:
 Street... KIUSA Ward... MOSHI TOWN
 District/Municipal... MOSHI M.C
 Region... KILIMANTARO

DETAILS OF SUPERINTENDENT

Name... SHARON PETER SHAYO
 Registration Number... 0584
 Phone... 0755334313
 Address... MOSHI MUNICIPAL

REASON(S) FOR CHANGE

SUPERVISE OWN PHARMACY PHARMONIC
PHARMACY LTD

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

1st October 2023
 Signature... [Signature]
 Date... 25/09/2023

OWNER REMARKS

Name... MSAFIRI
 Phone Number... 0754 599 585
 Signature... [Signature]
 Date... 1st October 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 ROSEMARY PIUS

Physical address:

Street..... PASUA

Ward..... PASUA

District/Municipal..... MOSHI

Region..... KILIMANTARO

Contacts of previous Superintendent..... 07.53 334 313

Email of previous Superintendent..... sharon.shaya@gmail.com

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

..... SHARON PIUS WANTS TO SUPERVISE MN

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.