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)

TO BE COMPLETED BY THE SUPERINTENDENT AND OWNER

DETAILS OF THE PHARMACY

Name of the pharmacy ..... NEW KIMANGE PHARMACY

Physical address

Street ..... 234 KAYANGA Ward KAYANGA

District/Municipal ..... KARATU

Region ..... KARATU

DETAILS OF SUPERINTENDENT

Name ..... KUNDAEL KITARIA

Registration Number 0101858

Phone 0757 603076

Address ..... BOX 120 KARATU

REASON(s) FOR CHANGE → EXPIRING OF AGREEMENT AND BARRIERS OF CONTINUATION WITH PROPRIETOR

TIME FRAME: (Notify Registrar the time frame as per Contract) 30 DAYS

Signature ..... KITARIA

Date 10/07/2025

OWNER REMARKS OK

Name ..... JUSTINE GABRIEL

Phone Number 0715 164581

Signature .....

Date 15/07/2025

FOR OFFICE USE ONLY

INSPECTION/REGISTRATION DEPARTMENT OR ZONAL MANAGER

Recommendations .....

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

Date .....