

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..... Mhagama Pharmacy.....
 Physical address:.....
 Street..... Lubele..... Ward..... Vyela.....
 District/Municipal..... Vyela.....
 Region..... Mbeya.....

DETAILS OF SUPERINTENDENT

Name..... NERBART JONATHAN VALLUNA.....
 Registration Number..... 0102915.....
 Phone..... 0682376850.....
 Address..... 3054 mawenzi - moshi.....

REASON(S) FOR CHANGE

..... Contract Expired by 01/07/2025......
 Change of residence from Mbeya to Moshi.....

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

..... According to contract as per contract......

Signature..... [Signature].....

Date..... 13/07/2025.....

OWNER REMARKS

..... Contract expired.....
 Name..... Francis Gervas Mhagama.....
 Phone Number..... 0754741099.....
 Signature..... F. Mhagama.....
 Date..... 17/12/07/2025.....

FOR OFFICE USE ONLY**INSPECTION/REGISTRATION DEPARTMENT OR ZONAL MANAGER**

Recommendations.....
 Name..... Designation..... Signature.....
 Date.....

B. TO BE COMPLETED BY THE OWNER ONLY

PCF. 17

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.....

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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.