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..... GONALLA PHARMACY.....
Physical address:
Street..... KANISANI ..... Ward..... KANYEMYE.....
District/Municipal..... TABORA .....
Region..... TABORA .....

DETAILS OF SUPERINTENDENT
Name..... EMMACY JOSEPH .....
Registration Number..... 0101487 .....
Phone..... 0759 150 950 .....
Address..... 1764 TABORA .....

REASON(s) FOR CHANGE NOT PAID FOR 16 MONTH .
BY PROPIETOR, NOT RESPONDING TO PHONE CALLS.

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

OWNER REMARKS ALLFIED.
.....
Name... GODBLESS MAPOLE .....
Phone Number 0754305928 .....
Signature.....
Date..... 9/7/2024. .....

FOR OFFICE USE ONLY

INSPECTION/REGISTRATION DEPARTMENT OR ZONAL MANAGER

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

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B. **TO BE COMPLETED BY THE OWNER ONLY**

NEW SUPERINTENDENT
Name of Superintendent ..... VEDASIUS VENANCE.
Physical address:
Street..... NKINGA.
Ward..... NKINGA Tgunga
District/Municipal.....
Region..... TABORA.
Contacts of previous Superintendent.... 0759150950
Email of previous Superintendent..... emmilyj25@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
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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.

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