

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 Masasi Pharmacy
 Physical address:
 Street Kabila street Ward kabila /Babati urban
 District/Municipal Babati
 Region Manyara

DETAILS OF SUPERINTENDENT

Name Mhunda Samson
 Registration Number 0102892
 Phone 0765077019
 Address Babati

REASON(s) FOR CHANGE

End of contract / Termination of contract

TIME FRAME: (Notify Registrar the time frame as per Contract)
30 days notification for End and termination of contract

Signature [Signature]

Date 5th April 2024

OWNER REMARKS

Name OSWALD NOEL KAMBELENTS
 Phone Number 0754 382428
 Signature [Signature]
 Date 5th APRIL 2024

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

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