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..ACCURATUS PHARMACY.....
Physical address:
Street.....B'ARAJANI.....Ward...VIJIBWENI.....
District/Municipal...KIGAMBONI.....
Region..DAR-ES-SALAAM.....

DETAILS OF SUPERINTENDENT

Name.....DAVID N. MPAYO.....
Registration Number...0101718.....
Phone....0788-181192.....
Address..DAR-ES-SALAAM.....

REASON(s) FOR CHANGE

.....MUTUAL AGREEMENT.....
.....

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

.....30 DAYS.....
Signature.....
Date.....15/01/2023.....

OWNER REMARKS

.....
Name.....DANIEL MANDIA JOSEPH.....
Phone Number .....0769 148803.....
Signature.....
Date....01/01/2023.....

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 .....
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.....
.....
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.