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 PABLO PHARMACY (FIN: 0101770)

Physical address:

Street Levolosi, Arusha Mjini Ward Kaloleni

District/Municipal Arusha

Region Arusha

DETAILS OF SUPERINTENDENT

Name ISDORY SYLIDION

Registration Number 0103295

Phone 0789209960

Address ARUSHA S L

REASON(s) FOR CHANGE

Change of residence from Arusha to Geita region

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

To 29 Feb, 2024.

Signature

Date 07/2/2024

OWNER REMARKS

ACCEPTED

Name HELLEN R. DEOGRATIUS

Phone Number 0768285525.

Signature

Date 07/2/2024

FOR **OFFICE USE ONLY**

INSPECTION/REGISTRATION DEPARTMENT OR ZONAL MANAGER

Recommendations..... Designation..... Signature.....

Name.....

Date.....

PHARMACY COUNCIL
RECEIVED
07 FEB 2024
P.O. BOX 15 ARUSHA