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..... TREFA PHARMACY
Physical address:
Street..... MFAUME ..... Ward..... KIWITI
District/Municipal..... ILALA .....
Region..... DAR ES SALAAM .....

DETAILS OF SUPERINTENDENT
Name..... JUMANNE AMIRI .....
Registration Number..... 0101783 .....
Phone..... 0788722977 .....
Address..... 11306 DAR-ES-SALAAM .....

REASON(s) FOR CHANGE
..... Change of Pharmaceutical address & End of Contract .....

TIME FRAME: (Notify Registrar the time frame as per Contract)
..... 30 days .....
Signature..... .....
Date..... 07th June 2024 .....

OWNER REMARKS
.....
Name..... IRENE GEORGE MPUGULE .....
Phone Number ..... 0713 803082 .....
Signature..... .....
Date..... 07th June, 2024 .....

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 0788 722972
Email of previous Superintendent pharm.matumla@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

Change of Pharmacist address & End of Contract

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.