

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..... FAIAMO PHARMACY
 Physical address:
 Street..... MARAMBA MAWILI Ward..... MSIGANI
 District/Municipal..... UBUNGO
 Region..... DAR ES SALAAM

DETAILS OF SUPERINTENDENT

Name..... JOANES JOSHUA NTIMBA
 Registration Number..... 0102325
 Phone..... 0752113016
 Address..... KINONDUNI, DAR ES SALAAM

REASON(S) FOR CHANGE

Due to distance, making it hard
 to superintend.

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

30 days
 Signature..... [Signature]
 Date..... 17th February 2024

OWNER REMARKS

Name..... EMMANUEL S. JUPWE
 Phone Number..... 0788994089
 Signature..... E.S.
 Date..... 17 / 02 / 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.....

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.