

## 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 BARKISH PHARMACY  
 Physical address:  
 Street MTI MPA Ward BAUARA  
 District/Municipal BABATI MTINI  
 Region MARAKA

**DETAILS OF SUPERINTENDENT**

Name ALLI HAMISI ABDALAH  
 Registration Number 0103542  
 Phone 0621336201  
 Address BABATI

**REASON(s) FOR CHANGE**

I have relocated to a different region for work purpose

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

1 month / 90 days

Signature [Signature]

Date 13/05/2024

**OWNER REMARKS**

Name ISRAEL SULEY

Phone Number 0686944003

Signature [Signature]

Date 13/05/2024

**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**

*He have moved to different region for work*

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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.