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..... LUPOLY PHARMACY .....
Physical address:
Street..... MBINGA TOWN ..... Ward... MBINGA TOWN .....
District/Municipal..... MBINGA .....
Region..... RUVUMA .....

DETAILS OF SUPERINTENDENT

Name..... GODFREY GASPAR LUPOLY .....
Registration Number..... 0103271 .....
Phone..... 0743 318916 / 0713 721 222 .....
Address... P.O BOX 156, MBINGA, RUVUMA. .....

REASON(s) FOR CHANGE

... Shifted place of work to Muhimbili National Hospital ...
... Dar es Salaam, ...

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

..... JULY 2024 – JUNE 2025 .....
Signature.....
Date..... 11/03/2025 .....

OWNER REMARKS

.....
Name..... EMILIANA PIUS LUPOLY .....
Phone Number ..... 0766463495 .....
Signature.....
Date..... 11/03/2025 .....

FOR **OFFICE USE ONLY**

INSPECTION/REGISTRATION DEPARTMENT OR ZONAL MANAGER

Recommendations.....
Name..... Designation..... Signature.....
Date.....