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... MONICA PHARMACY

Physical address:

Street..... KISERIAN Ward MLANGARINI

District/Municipal... ARUSHA VIJIJINI

Region..... ARUSHA

DETAILS OF SUPERINTENDENT

Name... IRENE JUSTUS KAMUGISHA

Registration Number... 0102811

Phone..... 0762955649

Address... ikamugisha34@gmail.com.

REASON(s) FOR CHANGE

CLOSURE / TERMINATION OF PHARMACY BUSSINESS

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

May - JUNE 2024

Signature... Ikamugisha.

Date... 21st JUNE 2024

OWNER REMARKS I CLOSED THE PHARMACY SINCE MAY

Name... THOMAS WILSON JOHN

Phone Number 0767945935

Signature...

Date... 25-06-2024

FOR **OFFICE USE ONLY**

INSPECTION/REGISTRATION DEPARTMENT OR ZONAL MANAGER

Recommendations.....

Name.....Designation.....Signature.....

Date.....