JAMHURI YA MUUNGANO WA TANZANIA

WIZARA YA AFYA

BARAZA LA FAMASI

Unapojibu tafadhali taja:

PCF. 17

B. **TO BE COMPLETED BY THE OWNER ONLY**

NEW SUPERINTENDENT

Name of Superintendent ...MELLIS SIXTUS ASSET

Physical address:

Street.....KWAGALA

Ward.....DIONGOYA

District/Municipal.....MVOMERO

Region.....MOROGORO

Contacts of previous Superintendent....0655-390 910

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

...The former Superintendent is on process to use his.....
...license on his new pharmacy.....

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.

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..... NEW TURIANI PHARMACY .....

Physical address:

Street... MADIZINI ..... Ward... MTIBWA .....

District/Municipal..... MVOMERO .....

Region..... MOROGORO .....

DETAILS OF SUPERINTENDENT

Name..... ELIDADI KAIO .....

Registration Number 10107 .....

Phone..... 0655-39 07 10 .....

Address..... MOROGORO .....

REASON(s) FOR CHANGE

..... Superintendent on process to use his licence on his new pharmacy. .....

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

..... Immediately .....

Signature..... .....

Date..... 09/11/2023 .....

OWNER REMARKS

..... PLEASE ASSIST HIM. .....

Name..... ELEONORA .O. MLAY .....

Phone Number ..... 0625-623 936 .....

Signature..... .....

Date..... 09/11/2023 .....

FOR **OFFICE USE ONLY**

INSPECTION/REGISTRATION DEPARTMENT OR ZONAL MANAGER

Recommendations.....

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

Date.....