

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... HECKSCHER PHARMACY 0103202
 Physical address:
 Street... KIMARA BARUTI Ward... KIMARA
 District/Municipal... UBUNGO
 Region... DAR-ES-SALAAM

DETAILS OF SUPERINTENDENT

Name... JANETH C. MTWEVE
 Registration Number... 0103775
 Phone... 0693342420
 Address... DAR-ES-SALAAM

REASON(s) FOR CHANGE

MUTUAL AGREEMENT

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

ONE MONTH
 Signature... [Signature]
 Date... 19/11/2024

OWNER REMARKS

Name... LUCY PHILLIP NJELLA
 Phone Number... 0719754974
 Signature... [Signature]
 Date... 19/11/2024

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.....

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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.