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 SAFI PHARMACY
Name of the pharmacy.....
Physical address:
Street... MAJANGINI ... Ward... SARANGA
District/Municipal... UBUNGO
Region... DAR-ES-SALAAM

DETAILS OF SUPERINTENDENT
Name... AMANI BENEDICT MAIGE
Registration Number... 0102344
Phone... 0784 160 023
Address... LINDI

REASON(s) FOR CHANGE PERMANENT ADDRESS CHANGE OF JOB RE-ALLOCATION)

TIME FRAME: (Notify Registrar the time frame as per Contract)
ONE MONTH
Signature... A. Maige
Date... FEB 06, 2024

OWNER REMARKS
Name... SAFI PHARMACY
Phone Number 0768 141420
Signature...
Date... FEB 06, 2024

FOR **OFFICE USE ONLY**

INSPECTION/REGISTRATION DEPARTMENT OR ZONAL MANAGER

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