

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..... **ZAYU PHARMACY**
 Physical address: **MBEZA** Ward **MANUNDU**
 Street..... **KOROHWE**
 District/Municipal.....
 Region..... **TANGA**

DETAILS OF SUPERINTENDENT

Name..... **HAMIDU SITEMELA**
 Registration Number..... **0102154**
 Phone..... **0658939733**
 Address.....

REASON(s) FOR CHANGE

..... **CONTRACT EXPIRED**

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

..... **30 days**

Signature..... **[Signature]**

Date..... **15/07/2024**

OWNER REMARKS

Name..... **ADDURHAMAN A- ZAYUMBA**
 Phone Number..... **0655 379883**
 Signature.....
 Date.....

FOR OFFICE USE ONLY

INSPECTION/REGISTRATION DEPARTMENT OR ZONAL MANAGER

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