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..... MAKAMBUA PHARMACY .....

Physical address:

Street... VIGOA ..... Ward... CHAMAZI .....

District/Municipal..... TEMEKE .....

Region... DAR-ES-SALAAM .....

DETAILS OF SUPERINTENDENT

Name... HAMADI RAMADHANI RAJABU

Registration Number..... 010 682 .....

Phone..... 0674 272694 .....

Address..... MSONGOLA DISTRICT, YANGEYANGE STREET M/MOJA PLOT 27.

REASON(s) FOR CHANGE

..... End of Contract .....

.....

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

.....

Signature.....

Date.....

OWNER REMARKS End of contract.

Name... RAMADHAN MKOMO

Phone Number ... 0-657660041 .....

Signature.....

Date..... 12/02/2024 .....

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.....0624 277694.....
Email of previous Superintendent.....ahamadpingzi@gmail.com

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

.....End of contract.....
.....

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.