

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..... METOLLO PHARMACY.
 Physical address:
 Street..... BUS STAND. Ward..... MKATA
 District/Municipal..... HANDENI
 Region..... TANGA.

DETAILS OF SUPERINTENDENT

Name..... JOHN SIMON
 Registration Number..... 0103454
 Phone..... 0742651995 / 0625819748.
 Address..... johnsimonmaza.kr@gmail.com.

REASON(s) FOR CHANGE

..... END OF CONTRACT AGREEMENT.

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

..... ONE MONTH.
 Signature..... [Signature]
 Date..... 10/06/2024.

OWNER REMARKS

Name..... RACHEL LEONARD MBEIWA
 Phone Number..... 0769298141
 Signature..... [Signature]
 Date..... 10/06/2024

FOR OFFICE USE ONLY**INSPECTION/REGISTRATION DEPARTMENT OR ZONAL MANAGER**

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