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.....EBE PHARMACY TIN: 0103086
Physical address:
Street.....Nsalaga.....Ward.....~~Uyole~~ Nsalaga
District/Municipal.....MBEYA CC.....
Region.....MBEYA.....

DETAILS OF SUPERINTENDENT
Name...WITNESS.....RAPHAEL CHENGULA
Registration Number.....01034.43.....
Phone.....0768 822314.....
Address.....

REASON(s) FOR CHANGE
...Ddayment of payment:
.....KUCHELEWA KULIPA MSHAHARA.....

TIME FRAME: (Notify Registrar the time frame as per Contract)
.....~~THREE WEEKS~~ ~~(3 weeks)~~ Seven days (7 days)
Signature...W. chengula.....
Date.....12/8/24.....

OWNER REMARKS
.....
Name.....BEATRICE RICHARD NGENDE.....
Phone Number .....0718616591.....
Signature.....~~Ngende~~.....
Date.....13/8/2024.....

FOR OFFICE USE ONLY

INSPECTION/REGISTRATION DEPARTMENT OR ZONAL MANAGER

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

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