## **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. MEDIFLEX PHARMACY  Physical address:
Physical address: Street. MAMBANI Ward. KINONDONI District/Municipal. KINONDONI Region. DAR ES SALAAM
Name. CHRISTOPHER J. KAPON FO Registration Number. O + 0 9 5 5 1 Phone. 0.68 \$ 6.75 + 8 / 071351\$795 Address. USUN TO
REASON(s) FOR CHANGE  I to und another place to work so I want to  terminate the contract
TIME FRAME: (Notify Registrar the time frame as per Contract)
Signature Date 17 0C+ 2025
OWNER, REMARKS  Name ROZINA P. MALAMSHA  Phone Number 0.7+2620232  Signature Ramana  Date 17 0(+, 2025
Date. 17, 0(+, 2025
FOR OFFICE USE ONLY
INSPECTION/REGISTRATION DEPARTMENT OR ZONAL MANAGER
Recommendations

B. TO BE COMPLETED BY THE OWNER ONLY
NEW SUPERINT ENDENT PHARMACEUTICAL TECHNICIAN Name of Superintendent ROZINA MALANGHA
Name of Superintendent WALANGHA
Physical address:
District/Municipal USUN (10 DISTRICT
District/Municipal USUN (to DISTRICT  Region DAR ES SALAAM
Contacts of previous Superintendent, 06, 43, 46,7548/0713518795
Contacts of previous Superintendent. 10. 43.46.7548/0713.514795  Email of previous Superintendent. Christopher Lapono 1209 National
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 of agreed with
c. FOR OFFICE USE ONLY
INSPECTION/REGISTRATION OR ZONAL
Recommendations
NameSignature
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.