



THE UNITED REPUBLIC OF TANZANIA

PCF. 17

MINISTRY OF HEALTH

PHARMACY COUNCIL



NOTICE FOR CHANGE OF MANAGEMENT OR PHARMACEUTICAL PERSONNEL OF A PHARMACY

(Regulation 17(1) of The Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) GN No. 267)

Changes to be Made: Superintendent ☒ Other Pharmaceutical Personnel ☐

A. TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER OF THE PHARMACY.

A.1. DETAILS OF THE PHARMACY

Name of the Pharmacy: TX PHARMACY (T) LTD Facility Identification Number (FIN): 0300646
Physical address: Street: KISUTU Ward: KISUTU District/Municipal: ILALA Region: DAR-ES-SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: SALOME D. SALAMA PIN: 0102643 Phone: 0689939896
Address: P.O. Box 10496, AKUSHA Email:

A.3. REASON(s) FOR CHANGE

- END OF THE CONTRACT

Time frame of notification: (As per Contract) 3 months Signature: Date:

A.4. OWNER'S DETAILS

Full Name: JOSEPH J. KAJERA Phone Number: 0712086565 / 0688279503
Remarks: Signature: Date:

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name: PIN: Phone Number: Email:
Physical address: Street: Ward: District/Municipal: Region:
Details of Previous pharmacy: Name of Pharmacy: FIN: District/Municipal: Region:

B.2. QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL (To be attached)

- (i) Copies of registration certificate and valid license to practice
- (ii) Contract Agreement/MOU
- (iii) Commitment Letter

C. FOR OFFICIAL USE ONLY

INSPECTION/REGISTRATION OR ZONAL OFFICE

Recommendations: Full Name: Designation: Signature: Date:

D. NOTE;

Failure to acquire the services of another superintendent/ Other Pharmaceutical Personnel within the mentioned time frame, shall lead to immediate closure of the premises as per Section 43 of the Pharmacy Act Cap 311.

NB: Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent.