THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH



PHARMACY COUNCIL

NOTIFICE 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	NATIONAL TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER OF THE PHARMACY. A.1. DETAILS OF THE PHARMACY Name of the Pharmacy. SA PHARMACY LIMITA. Facility Identification Number (FIN). Physical address:
	Physical address: Street MGAURI ROAD Ward SISIMBA District/Municipal MBEYA CC Region MREYA
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name JASM (* 1) MOYO PIN 0102820 Phone 0678389377 Address MBFY7 Email Jamethynyn Ogmail com
	A.3. REASON(s) FOR CHANGE END OF CONTRACT
*	Time frame of notification: (As per Contract) WEEK Signature The Date 14/08/2029
	A.4. OWNER'S DETAILS Full Name GAT FER KICAMO SIMO Phone Number 0754819431 Remarks
В.	TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name MASUNCA NG NAMBU PIN 0102881 Phone Number 0677-64-4330 Physical address: Street. 4. 1572.542 Ward. 1542.542 District/Municipal. MBEYA CC Region. MBEYA Details of Previous pharmacy: Name of Pharmacy. 1 MAKE PHARMACY FIN 0102866 District/Municipal. MBEYA CREgion. MBEYA
	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
	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.