

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	Name of the Pharmacy. SACTAL PH ROMACY Physical address: Street M&F21 Lus Ward M&F21 Lus District/Municipal UBUNG 6 Region DAP-II-SKI
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name DOREEN & BONIFACE PIN 0103748 Phone 0716077207 Address MBF21 Juis Email dore on 95000 Jacob grout com
	A.3. REASON(s) FOR CHANGE Shy n.29 the Region
	Time frame of notification: (As per Contract) 30 days Signature. Bourface Date 13 109 23
	A.4. OWNER'S DETAILS Full Name. SALAMA MACIKI HAMISI Phone Number. 0654 721955 Remarks. Signature. Date. 13.19125
В.	TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name PlN Phone Number Email Physical address: Street Vard District/Municipal 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
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.