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. TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER A.1. DETAILS OF THE PHARMACY Physical address Street MIJEYA ROAA Ward MATENGO District/Municipal NJOME Region NJOMBE A 2 DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL
Full Name AVILLY A MWARALINUA PIN 0405433 Phone 0762430764
Address MEEYA Email AVILLAMARALINA 69 @3mail.com A.3. REASON(S) FOR CHANGE 2. STOP OF BUSINESS. Time frame of notification: (As per Contract) Signature Date 1 LEC, 2024 A.4. OWNER'S DETAILS
Full Name MOJES N
Remarks END OF CONTRACT NYUNIE Phone Number 0655701524 Remarks Signature No. Date 31" NEC, 2024 B. TO BE COMPLETED BY THE OWNER ONLY B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name Phone Number Email Physical address: District/Municipal Region Street Ward Details of Previous pharmacy. 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

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.