

## 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 OF THE PHARMACY.  A.1. DETAILS OF THE PHARMACY  Name of the Pharmacy. CHARMACT
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL  Full Name. HATI SAID HATI PIN 0101820 Phone 0618219396  Address CAMBaul Email Sharubaud & g.mail Com
	A.3. REASON(s) FOR CHANGE FUD OF CONTRACT
	Time frame of notification: (As per Contract) 300ml. Signature Find Date 13/08/2025
	A.4. OWNER'S DETAILS Full Name
B.	TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL  Full Name
	<ul> <li>B.2. QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL (To be attached)</li> <li>(i) Copies of registration certificate and valid license to practice</li> <li>(ii) Contract Agreement/MOU</li> <li>(iii) Commitment Letter</li> </ul>
C.	FOR OFFICIAL USE ONLY
	INSPECTION/REGISTRATION OR ZONAL OFFICE
	Recommendations
	<b>NOTE;</b> 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.