

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) Other Pharmaceutical Personnel Changes to be Made: Superintendent A. TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER OF THE PHARMACY. A.1. DETAILS OF THE PHARMACY Street Long Dong Ward Sokon ONE District/Municipal Region Full Name AKUTHA Email Office Plant A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL REASON(S) FOR CHANGE MUTVAL AGREEMENT A.3. REASON(s) FOR CHANGE B. TO BE COMPLETED BY THE OWNER ONLY B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name PIN...... Phone Number Email 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.... Failure to acquire the services of another superintendent/ Other Pharmaceutical Personnel within the mentioned time D. NOTE; 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.