## THE UNITED REPUBLIC OF TANZANIA







## **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.  Name of the Pharmacy.  Physical address:  Street PO 31, 1914. Ward.  Ward.  Name of the Pharmacy.  District/Municipal.  District/Municipal.  Region.
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name HUD S. JUMB PIN 0103045 Phone 0762 597308 Address D.0. 804 21202 D DR & SPCARM. Email Pharmaceutical Production Con.
	A.3. REASON(s) FOR CHANGE Mutual agreement on Contract termination
	Time frame of notification: (As per Contract) 30 Jaug. Signature Date 01 10 2024
•	A.4. OWNER'S DETAILS Full Name PATYMA SAID MUHALI Phone Number 0787231208 Remarks Signature Date 7/10/24
E	3. TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL  Full Name
	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.