



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..... MESO PHARMACY..... Facility Identification Number (FIN)..... 0200211
 Physical address:.....
 Street..... GEREZANI..... Ward..... KARI AKOU..... District/Municipal..... ILALA..... Region..... DAR-ESSALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..... TUMAINI KYANDO..... PIN..... 0102087 Phone..... 0756 70 7566
 Address..... P.O. BOX 3633 DAR-ESSALAAM Email..... kyando@gmail.com

A.3. REASON(S) FOR CHANGE

END OF CONTRACT

Time frame of notification: (As per Contract)..... 30 days Signature..... J. Kyando Date..... 02/02/2024

A.4. OWNER'S DETAILS

Full Name..... METHOD JOHN MBILINYI..... Phone Number..... 0767 887187
 Remarks..... Agree to terminate the contract
 Signature..... M. Mbili Date..... 02/02/24

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name..... PIN..... Phone Number..... Email.....
 Physical address:.....
 Street..... Ward..... District/Municipal..... Region.....
 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..... Designation..... Signature..... Date.....
 Full Name.....

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.