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. MICHIGA PHARMACY. Facility Identification Number (FIN). DIC273- Physical address: Street. MICHIGA Ward. MICHIGA District/Municipal. MANYUMBU Region. MTWARF
A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Time frame of notification: (As per Contract) 30/12-2023 ignature & Dun Date 20 11 88
Full Name DETAILS Remarks 12 00 Great 30/11/02 Signature # Date 30/11/02 No processor formula
B. 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
FOR OFFICIAL USE ONLY
INSPECTION/REGISTRATION OR ZONAL OFFICE
Recommendations Designation Signature Date
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.
we. Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent.