## 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)

CI	hanges to be Made: Superintendent 🗸 Other Pharmaceutical Personnel
C A P F	TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER OF THE PHARMACY.  A.1. DETAILS OF THE PHARMACY.  Name of the Pharmacy
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL  Full Name PIN 0102814 Phone Pin 0102814
	A.3. REASON(S) FOR CHANGE CONSESSU BETWEEN TWO PARTIES
	Time frame of notification: (As per Contract) 30 days Signature type Date 03.04.202
	A.4. OWNER'S DETAILS Full Name TACPULLINE JOHN NAME Phone Number 0653633702 Remarks Signature Name Date 03:04 2025
В. Т	O BE COMPLETED BY THE OWNER ONLY
F	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
ı	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. I	FOR OFFICIAL USE ONLY
	NSPECTION/REGISTRATION OR ZONAL OFFICE
. I	RecommendationsDesignationSignatureDate
	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.