

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

NOTICE 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

A.1. DETAILS OF THE PHARMACY

Name of the Pharmacy: Medwin Plus Pharmacy Physical address: Morua

Street: Morua Ward: Kawe District/Municipal: Kinondoni Region: Mt. Kilimanjaro

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: BABAKA SHAMU MONGO PIN: 0102364 Phone: 0954410967

Address: P.O. Box 53612 URBANO Email: ndembobabaka@gmail.com

A.3. REASON(S) FOR CHANGE

Must be agreement

Time frame of notification: (As per Contract) 1 month Signature: [Signature] Date: 10/11/2024

A.4. OWNER'S DETAILS

Full Name: DR. FADHIL - J. MBASA Remarks: [Signature]

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name: [Blank] Physical address: [Blank]

Street: [Blank] Ward: [Blank] District/Municipal: [Blank] Region: [Blank]

Name of Pharmacy: [Blank] FIN: [Blank] District/Municipal: [Blank] Region: [Blank]

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: [Blank]

Full Name: [Blank] Designation: [Blank] Signature: [Blank] Date: [Blank]

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.

