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)

| | 지하다면서 그는 사용에 하다면 그는 그는 항전에 가면 모든 것이 되었다면서 하는 것이다면서 보는 것이다면 보고 있다면 보다면서 보다면 보다면서 보다면서 보다면서 보다면서 보다면서 보다면 |
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| | 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 RHARMACY Name of the Pharmacy. Name of th |
| | A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name SMALL W. Rutia PIN D. 0.3877 Phone 0.678847866 Address Po. Bax 652 Most Email Small ruta 3970g most Com. |
| | A3. REASON(s) FOR CHANGE Lixtentation of the Loration from dates sclaam to Mosh' Kalimania as, Delay Payment, Poor amountation foor apparation for management changing Time frame of notification: (As per Contract) 1 Month . Signature R Date 102025. |
| | A.4. OWNER'S DETAILS Full Name ACCOUNTS MWAJHALA Phone Number 0755388019 0712252356 . Remarks MWAJHALA Phone Number 0755388019 0712252356 . Signature Limited Laborate 21 1812-35 |
| В. | 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. |
| | NR. Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent. |

