## 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.  ARIJINA PHARMACY  Facility Identification Number (FIN). 61.627.68
	Physical address: Street PLO: 11036. VIWEWard MAJOHE District/Municipal LALA Region DAM EL
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL  Full Name. JACKETT JOHANSEN ISKENGOMA PIN 0103049, Phone  Address. Email Lycaster & gradul Com
	determined to be closed.
	Time frame of notification: (As per Contract) Autometric 1 Signature Date. 25/03/2014
	A.4. OWNER'S DETAILS Full Name Au MAYENGO MARANA Phone Number 0787263481 Remarks
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
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.

NB: Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent.