

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. NEE PHARMACTFacility Identification Number (FIN). 6102467 Physical address:
	Street NGUNUKAZI Ward CHANTICA District/Municipal LALA Region AR Es SALAAN
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name ALLT HAMPA TUMA PINののまたは3 Phone 0748181779 Address トロロール Email コルリッミナルの ロール
	A.3. REASON(s) FOR CHANGE 1. Teb relocation to another region
	2. Expiration of contract of agreement on ofth may 2025
	Time frame of notification: (As per Contract) 1 worth Signature Date 15/05/2025
	A.4. OWNER'S DETAILS Full Name. HAPPY & LINIANGAZE KIMARO Phone Number. 0655597210 Remarks. Noted and acknowledged Signature. The Date IS 105/2021
В.	TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL
	Full NameEmailPINPhone NumberEmail
	Street
	Name of Pharmacy
	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.