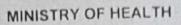
THE UNITED REPUBLIC OF TANZANIA







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. 287)

	Other Pharmaceutical Personnel
C	changes to be Made: SuperIntendent Other Pharmaceutical Personnel
	TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER OF THE PHARMACY. A.1. DETAILS OF THE PHARMACY Name of the Pharmacy AND 17 PHARMACY MIMWEMA Facility Identification Number (FIN) 0300542
	Physical address. Street MJI MWEMA District/Municipal Son/LEA Region ROUDMA.
	A.2. DETAILS OF SUPERINTENDENTIOTHER PHARMACEUTICAL PERSONNEL Full Name MLEMA YOHANA PIN 0103353 Phone 0743541660 Address MWANZA - TANZANIA Email Yohanjoran Egmat Com
	A.3. REASON(s) FOR CHANGE
	Change of Residence from SoNGEA-ROVUMA to MWZNZA.
	Time frame of notification: (As per Contract) 1 month Signature Date 19 12 2024
	A.4. OWNER'S DETAILS PLANK KWEBANGKA Phone Number 0784545320
	Signature. Date. 2: 2: 2024
в.	TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name
	Physical address: Street
	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.