

## 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.
Name of the Pharmacy PUDO PHARMACY Facility Identification Number (FIN). 0102086
Physical address: "A" ward BUNTY District/Municipal EINONDON 1 Region DAR ES SALAA!
A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL  Full Name WALLACE D HUA PIN 0103727 Phone 0784806401  Address DATE - ES - SALAAM Email Wallaceriwa 08 09 mark com
A.S. REASON(s) FOR CHANGE to and not paying intentionally No respect for pharmacist
Time frame of notification: (As per Contract) 30 days. Signature. Date 20/04/2025
Full Name DONATION S MEUBULO Phone Number 0754072460
Signature Decide 22/04/2025
B. TO BE COMPLETED BY THE OWNER ONLY
B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL
Full Name
Details of Previous pharmacy:  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.  Full Name
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.