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
,	N. TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER OF THE PHARMACY. A.1. DETAILS OF THE PHARMACY Name of the Pharmacy. I.U.A.I.N.I. PHARMACY Facility Identification Number (FIN). 0100 890 Physical address: Street. SOWELD. Ward. Region MERFA. Region MERFA.
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name HADACK GUGA PIN 0404325 Phone 07 82510494. Address 2954 HBE(A Email Gugahadasa Obgrand. com.)
	A.3. REASON(s) FOR CHANGE
	Failure to fulful the requirement of the currinal. Time frame of notification: (As per Contract) Flags. Signature Do Date 12/3/2024.
	Remarks. Signature. A.4. OWNER'S DETAILS Phone Number. O756678707 Phone Number. O756678707
В.	TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name PIN Phone Number Email Physical address: Street Ward District/Municipal Region Details of Previous pharmacy: Name of Pharmacy FIN District/Municipal Region
	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
	RecommendationsDesignationSignatureDate
	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 pers <mark>onnel mean</mark> any pharmaceutical personnel apart from superintendent.