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. A.1. DETAILS OF THE PHARMACY. A.1. DETAILS OF THE PHARMACY.
	Name of the Pharmacy PHARMACY Facility Identification Number (FIN). 0102977
	Physical address: Street SINZA MORI Ward KUITONYA MADistrict/Municipal ICINONDON I. Region. DAR - EU -
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name F 1/2 A B E 7 H M A THE W SHADRAGE PIN 0101988 Phone 0743813155 Address P. O. BOX 31188 Email 12 mathew 29 Providence Com
	A.3. REASON(s) FOR CHANGE
	Time frame of notification: (As per Contract)
	A.4. OWNER'S DETAILS Full Name ALICE NYIRENDA Phone Number 0652806397 Remarks
	Remarks
В.	TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL
	Full NamePINPhone NumberEmail
	Physical address: StreetWardDistrict/MunicipalRegion
	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
	(III) Communent 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.