



## 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. MUCHSA PHARMACY. Facility Identification Number (FIN).  Physical address:  Street. Ward. CHAMACY  District/Municipal TEMPLE  Region. DSW
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name TEXT MOBILE PHARMACEUTICAL PERSONNEL Address 2507 DSM Email STANDED JOHN COM
	A.3. REASON(s) FOR CHANGE
	MYTUAL AGREEMENTS
	Time frame of notification: (As per Contract) 1 Month Signature 8 Date 14:08: 2025
	A.4. OWNER'S DETAILS DAPHAEL KENTAS Phone Number 0784989572  Full Name VICTOR PRAPHAEL KENTAS Phone Number 0784989572  Remarks. Nutural AGREENENTS BETWEEN TWO PARTIES  Signature (Standard Date. 1908) 2015
B.	TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name Pln 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
	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.