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: HMS HEALTHCARE LTD Facility Identification Number (FIN): 0101075

Physical address:

Street: MCHAFUKOGE Ward: MCHAFUKOGE District/Municipal: ILALA Region: DAR-ES-SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: ZAHRA ANWAR SATCHU PIN: 0101557 Phone: 0786786915

Address: ASIA STREET, ILALA, DAR-ES-SALAAM Email: ZAH.S@HOTMAIL.COM

A.3. REASON(s) FOR CHANGE

SUPERINTENDENT NO LONGER WISHES TO SUPERVISE HMS HEALTHCARE LTD.

Time frame of notification: (As per Contract) IMMEDIATE Signature: [signature] Date: 21/AUG/2023

A.4. OWNER'S DETAILS

Full Name: HARRISON R. CHUWA Phone Number: 0713-409 047

Remarks: Business not performing well

Signature: [signature] Date: 22/08/23

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name: NOT FOUND 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

Recommendations.....

Full Name..... Designation..... Signature..... Date .....

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.