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 U 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. Jusaly Pharmacy Facility Identification Number (FIN). 010124
	Physical address: Street-SowE (USBKOH) Ward. Region MBEYA District/Municipal MBEYA MC Region. MBEYA
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name. SIMBN ERACTO HERMAN PIN 0103773 Phone 0754922832 Address. P.O. BOX 3040 MEEYA Email SIMBN ETG. To 25 Cogney Con
	A.3. REASON(s) FOR CHANGE A GREENEN
	Time frame of notification: (As per Contract) WU WEEKS Signature. Date 24 Jun 2015
	A.4. OWNER'S DETAILS Full Name RAMANTANI J. MANNAL Phone Number 0789848982
	Remarks
В.	TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL
	Full Name Andrews: PlN
	StreetRegionRegion
	Name of Pharmacy Region 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
	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.