

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. VILLAGE PHARMACT Facility Identification Number (FIN). 010 2035 Physical address:
	Street. — Ward SALA SALA District/Municipal KINONDONI Region ARR ES SHAM
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name. H.F.L.F.D. BERNARD 113MD PIN 0101435 Phone 0.757 0 185.85 Address 105871 DAK ES-SHLAMM Email 1000000 Q grant Com
	A.3. REASON(s) FOR CHANGE MUTUAL AGREEMENT
	Time frame of notification: (As per Contract) 1 moths. Signature Date 25/2/2024
	A.4. OWNER'S DETAILS Full Name MICHARL RAXON SUFWE Phone Number 0789 05/14/ Remarks MUTUAL AGREEMENT Signature Date 05/02/2014
В.	TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL
	Full NamePINPhone NumberEmail
	Street
	Details of Freylous 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
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.