C.

D.

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. 6ASSO PHARMACY LTD Facility Identification Number (FIN). 0300630 Physical address: PAMCA Street. NYERERE RD Ward. NYAMAGANA Region. MWANZA
A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name FRANCIS GEORGE PIN 0103973 Phone 0783 135 388 Address P.O.BOX 1521 MWHNZA Email francisquorgesoko@gmail.com
A.3. REASON(s) FOR CHANGE TEMPORARY CLOSURE OF THE PHARMACY DUE TO PREMISE RENOVATION.
Time frame of notification: (As per Contract) 30 Days Signature 8 Date 1/6 /2025
A.4. OWNER'S DETAILS Full Name Files Lymo Phone Number 0765, 903354 Remarks Date 01/06/2025
B. TO BE COMPLETED BY THE OWNER ONLY
B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name
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
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.
NB: Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent.