

THE UNITED REPUBLIC OF TANZANIA

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PCF. 17

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. DECIMA GROUP LIMITED Facility Identification Number (FIN). D200313 Physical address:
Street BARAA Ward NOURERO District/Municipal ABAMMERO Region ARUSH
A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name 15AAC NUBBAT MHEMA PIN 0404676 Phone 0659608991 Address Email 55accmbe ma 361@graci 1: Com
A.3. REASON(s) FOR CHANGE CHANGE FROM PHARMACY COUNCIL TO TMDA
Time frame of notification: (As per Contract) 700.45 Signature 17 Date 703 12025
A.4. OWNER'S DETAILS Full Name UNDA Buena IThut (Branch Marager) Phone Number 0689532905 Remarks Date 13/03/2025
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: 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 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.