PCF. 17

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 [V] 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: DOMIDA PHARMACY Facility Identification Number (FIN): 0102163

Physical address:

Street: NGAMIANI KATI STREET Ward: NGAMIANI KATI District/Municipal: TANGA CITY COUNCIL Region: TANGA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: SAMWEL GODFREY MHANDO PIN: 0102957 Phone: 0689290686

Address: EAC CLOSE HOUSE 3 Email: samizzy1956@gmail.com

A.3. REASON(s) FOR CHANGE

MOVED TO ARUSHA FROM TANGA.

Time frame of notification: (As per Contract) 3 months Signature: [signature] Date: 31/10/2023

A.4. OWNER'S DETAILS

Full Name: JUSTICE - MICHAEL - NUO AMBASHI Phone Number: 0787646432

Remarks: CS MR SAMUEL MHANDO HAVE MOVED TO ARUSHA - WE NEED TO CITARAZE ANOTHER PHARMACIST

Signature: [signature] Date: 31/10/2023

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name ..... 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

PHARMACY COUNCIL RECEIVED 10 JAN 2024 P.O. Box 15353, ARUSHA

C. FOR OFFICIAL USE ONLY

INSPECTION/REGISTRATION OR ZONAL OFFICE

Recommendations: As above

Full Name: Daniel K. Nnadozie Designation: Intern pharmacist Signature: [signature] Date: 10/01/2024.

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.