## 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
	OF THE PHARMACKI
	A.1. DETAILS OF THE PHARMACY Name of the Pharmacy Same Diarmacy - Viji bureni Facility Identification Number (FIN).  Street Witness Ward Ward District/Municipal Gamboni Region Danes de A.2. DETAILS OF SUPERINTENANT DISTRICT/Municipal Gamboni Region Danes de A.2. DETAILS OF SUPERINTENANT DISTRICT/Municipal Gamboni Region Danes de A.2. DETAILS OF SUPERINTENANT DISTRICT/Municipal Gamboni Region Danes de A.2. DETAILS OF SUPERINTENANT DISTRICT/Municipal Gamboni Region Danes de A.2. DETAILS OF SUPERINTENANT DISTRICT/Municipal Gamboni Region Danes de A.2. DETAILS OF SUPERINTENANT DISTRICTION DE LA CONTROLLE DE LA CONTROLL
	District/Municipal Vagana Form
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL  Full Name Mohamed Godfrey PIN 040 4300 Phone 763 762 596  Address Vianzi-Mkuranga - Phanti Email James Wisso 67@ gmail Com  A.3. REASON(s) FOR CHANGE
	A.3. REASON(s) FOR CHANGE
	Time frame of notification: (As per Contract)  A.4. OWNER'S DETAILS
	Time frame of notification: (As per Contract) . Should Signature Date 19 0125
	A.4. OWNER'S DETAILS
	A.4. OWNER'S DETAILS Full Name Abyladay Ally Hubalay Phone Number 6693 926 986 Signature Date 1808 25
B.	TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL  Full Name
	FIN. District/Municipal
	PERSONNEL (To be attached)
	<ul> <li>(i) Copies of registration certificate and valid license to practice</li> <li>(ii) Contract Agreement/MOU</li> <li>(iii) Commitment Letter</li> </ul>
C.	FOR OFFICIAL USE ONLY
	INSPECTION/REGISTRATION OR ZONAL OFFICE
I	Recommendations
F	Recommendations  Full Name
	Failure to acquire the services of another superintendent/ Other Pharmaceutical Personnel within the mentioned time rame, shall lead to immediate closure of the premises as per Section 43 of the Pharmacy Act Cap 311.
٨	IB: Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent.
	porsonner apart from superintendent.