



## THE UNITED REPUBLIC OF TANZANIA

## MINISTRY OF HEALTH

## PHARMACY COUNCIL



## NOTICE 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 KAKAI RETIEM Facility Identification Number (FIN) 0103334  
 Physical address:  
 Street Sombetini Ward Sombetini District/Municipal ARUSHA Region ARUSHA

## A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name KEVIN JOHN KISELE PIN 0407076 Phone 0629979520  
 Address MOSHI Email KEVIN.KISELE22@GMAIL.COM

## A.3. REASON(S) FOR CHANGE

Closed of the premises  
 Time frame of notification: (As per Contract) Immediately Signature [Signature] Date 17/7/2015

## A.4. OWNER'S DETAILS

Full Name RWAHISAEL W. NKO Phone Number 0699812826  
 Remarks \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

## 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

## C. FOR OFFICIAL USE ONLY

## INSPECTION/REGISTRATION OR ZONAL OFFICE

Recommendations \_\_\_\_\_  
 Full Name \_\_\_\_\_ 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.