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 BHSSD PHARMACY Facility Identification Number (FIN) 63 00 6 5 0
Physical address: Street Nyerere Road Ward PAMBA District/Municipal NyAman AMARegion Mwan
A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name In ASD m BULC ANTIONY PIN OH OH THE Phone 0738 490 365 Address MWGMZE Email DOGONE & Lufa - Lo
Timporter closure of the praimacy due to premise renevation
Time frame of notification: (As per Contract) 30 days Signature Date 1 1612025
A.4. OWNER'S DETAILS Full Name Figure Phone Number 0765/90854 Remarks Phone Number 0765/90854 Signature Date 01/06/2005
B. TO BE COMPLETED BY THE OWNER ONLY
B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL
Full Name Phone Number Email begin 6 hot-
Physical address: Street
Dotaile of Previous pharmacu:
Name of Pharmacy
B.2. QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL (To be attached)
(i) Copies of registration certificate and valid license to practice
(iii) Contract Agreement/MOU (iii) Commitment Letter
(III) Communent 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.