

THE UNITED REPUBLIC OF TANZANIA

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. KAM GENERAL SUPPLIES Facility Identification Number (FIN). Physical address: Street LIKTUREL Ward KIRANTI District/Municipal. ARUSHA Region. ARUSHA
		A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name SARA LUNSIEU KILDUL PIN 0103393 Phone 0759 84 3645 Address P.O. Box 160 HAI - KILLMANIARDEMAIL KALDOU COND.
		A.3. REASON(s) FOR CHANGE
		Time frame of notification: (As per Contract) With investiglessignature. Date 2-1-2024
		A.4. OWNER'S DETAILS Full Name WEMA FMMANUCL Phone Number 0689 53 68 36 Remarks. Signature W6 Date 3:0. 2524
	В.	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
		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
(FOR OFFICIAL USE ONLY
		INSPECTION/REGISTRATION OR ZONAL OFFICE
	-1	Recommendations
E		NOTE; Fallure 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.
	1	NB: Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent.