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** ☐ **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 NARDO PHAMARCY Facility Identification Number (FIN)...................

Physical address:

Street S. TEMBONI Ward KIMARA District/Municipal UBUNGO Region DSM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name Anuwary Athumani Mgeni PIN 0406978 Phone 0788601736

Address MWANZA Email anuwarathumani@gmail.com

A.3. REASON(s) FOR CHANGE

Needed for family matters./Mutual agreement

....

Time frame of notification: (As per Contract) 30days Signature [signature] Date 01/03/2025.

A.4. OWNER'S DETAILS

Full Name NARDO LTD

Remarks. .... Phone Number 0763222275

Signature [signature] Date 01/03/2025

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.