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)

	(1) 전환 전환 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	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 WOTA WHOLESALE PHARMACEUTICAL PERSONNEL AND OWNER OF THE PHARMACY Name of the Pharmacy WOTA WHOLESALE PHARMACEUTICAL PERSONNEL AND OWNER
	Name of the Pharmacy NoolA WHOLESALE HARWAFacility Identification Number (FIN)
	Physical address: STREE Ward Soko km District/Municipal XPUST J.J. Region XRUST
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name ALFA YUMM SADI PIN 0463 80 Phone 0767 422033 Address Email
	A.3. BEASON(s) FOR CHANGE closed foun the premise.
	Time frame of notification: (As per Contract) 1 wouth Signature 2017 2015
	A.4. OWNER'S DETAILS Full Name And Supervisor Remarks 550 507 2005
В.	TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL
	Full Name
	Physical address:
	StreetRegionRegion
	Details of Previous pharmacy:
	Name of Pharmacy Region PIN 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
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.