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 V 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. DOMBASTIC PHARMACY Physical address: Street. TANDIKA DIStrict/Municipal. TEMEKE Region. DAR EL SALAM A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name. CADECICELEKE NENGANE COMMUNITY. DID 3.75.9. Phone. DOES OF 8.3.2.1 A.3. REASON(s) FOR CHANGE Multiple agreement between the (Superintendent) and propriator Time frame of notification: (As per Contract) Immediate Signature. Community. Date. 02 07 (2025) A.4. OWNER'S DETAILS Full Name. MATHINGS IT MARMACEUTICAL PERSONNEL Remarks. Date. D.8 (CT 9035) B. TO BE COMPLETED BY THE OWNER ONLY B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name. Phone Number. Email. Physical address: Street. Ward. District/Municipal. Region.
Name of the Pharmacy DOMBASTIC PHARMACY Physical address: Street. TAMDIKA Ward. TAMDIKA District/Municipal. TEMEKE Region. DAR EL JALAN A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Address. P. D. Son. G. SOOM. Dar. es. Salaam. Email. edun bus badegale to agranil. com A.3. REASON(s) FOR CHANGE Mutual agreement between the (superintendent) and propriator. Time frame of notification: (As per Contract) minediate. Signature. Signature. Phone Number Co. PHARMACY Remarks. Signature. Date. D. P. D. Box 50000 B. TO BE COMPLETED BY THE OWNER ONLY B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Physical address: Street. Ward. District/Municipal Details of Propriets of Propriet
A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AUGUSS P.O. Dev. O. Doord, Dar es. Salasam Email. Columbus bades alexa Ogmail.com A.3. REASON(s) FOR CHANGE Mutual agreement between the (superintendent) and propriator. Time frame of notification: (As per Contract) Immediate Signature Gustalls Full Name. Matthouth H Mand Remarks. Signature. Date. D.S. D.T. BOBS B. TO BE COMPLETED BY THE OWNER ONLY B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Physical address: Street. Ward. District/Municipal
Full Name CADECTELEKE MENGANE COMMENTALE PERSONNEL Address P.D. Ben 65001, Dar es Salaam Email edumbus badegales enginail com A.3. REASON(s) FOR CHANGE Mutual agreement between the Superintendent and propriator. Time frame of notification: (As per Contract) Immediate Signature Chambus Date 02/07/2025 A.4. OWNER'S DETAILS Full Name MATIFIANT H MANA Remarks Date Date Date Date Date Date Date Date
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Remarks
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B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name
Physical address: PIN
Physical address: PIN
Details of Provious ab
Details of Previous pharmacy:
Name of Pharmacy
FIN. District Adv.
PERSONNEL (To be attached) (i) Copies of registration certificate and valid license to practice (ii) Contract Agreement/MOLL
(iii) Commitment Letter
C. FOR OFFICIAL USE ONLY
INSPECTION/REGISTRATION OR ZONAL OFFICE
Recommendations
Recommendations
D. NOTE:
Failure to acquire the services of another
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 pharmaceutic
NB: Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent.