

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

NOTICE 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

A.1. DETAILS OF THE PHARMACY

Name of the Pharmacy: MANGUMU PHARMACY Physical address: MATANDU Street: TANDIKA Ward: TANDIKA District/Municipal: TEMERKE Region: DAR ES SAALAHI

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: KEFA ANDREA MWAMPAMBA Address: P.O. BOX 10956 DAR ES SAALAHI PIN: 0103318 Phone: 0713 117 127 Email: kefawampamba@gmail.com

A.3. REASON(S) FOR CHANGE

END OF CONTRACT

Time frame of notification: (As per Contract) 1 MONTH

A.4. OWNER'S DETAILS

Full Name: SHAFU SAPANI MOJEL Remarks: NIL Signature: S. MOJEL Date: 12/02/2024

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name: PIN: Physical address: Street: Ward: Details of Previous pharmacy: District/Municipal: Region: Name of Pharmacy: District/Municipal: Region: 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.

