

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. MED LIFE PHARMACY Name of the Pharmacy. MED LIFE PHARMACY - MBALA-A Physical address: Street. MBALA-DAWA TWARD MBALA-LANATTRY STREET MBALA-DAWA TWARD MBALA-DAWA TW
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name JISENA CUSHOKA PIN 0103304 Phone 07667116 ST Address New (SONGEA) Email Kushokassassas 12000 Grand Ca
	A.3. REASON(s) FOR CHANGE
	NIMEHAMA MKOA (SONGEA-CUVUNG
	Time frame of notification: (As per Contract)SignatureDate
	A.4. OWNER'S DETAILS Full Name DNIDN TO MAD A Phone Number 0762 - 928570 Remarks Incaffiare Knywys MKathog Signature Date 11/09/2020
В.	TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL
	Full Name
c.	Full Name
c.	Full Name
c.	Full Name
	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 FOR OFFICIAL USE ONLY INSPECTION/REGISTRATION OR ZONAL OFFICE Recommendations Full Name Designation Signature Date
	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 FOR OFFICIAL USE ONLY INSPECTION/REGISTRATION OR ZONAL OFFICE Recommendations Full Name Designation Signature Date