



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

3

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	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. FEM.—MED. DHARMACY Physical address: Physical address: Street. Ward. MIANZINI District/Municipal. District/Municipal. Region.
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name CHANKO ALEX PIN 0103013 Phone 0654726442 Address 5025 TANA Email chankovalex@gnail/old
	A.3. REASON(s) FOR CHANGE LIFE of to day -es-safacey Llich Is far from the premise (ARWHZ). Time frame of notification: (As per Contract) 2 Months Signature Charles 24 06 2024
	A.4. OWNER'S DETAILS Full Name EMILIANA PROTAS LAH! Phone Number 0769 601175 Remarks Signature E.P. Lahi Date 24 06 2026
В.	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.