THE UNITED REPUBLIC OF TANZANIA

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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 Other Pharmaceutical Personnel
	A. TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER A.1. DETAILS OF THE PHARMACY.
	A.1. DETAILS OF THE PHARMACY Name of the Pharmacy. Physical address: Street Management of the Pharmacy. Facility Identification Number (FIN). Physical Address:
	Physical address: Street Whyn Ward Sing A District/Municipal Woungo Region Daves-Salaam
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name: Felisana C. Herman PIN 010239 Phone 0752193488 Address Fig. Box 7930 - Dar - RI - Salaam Email Felisana Herman @ gmail - com
	A.3. REASON(s) FOR CHANGE Shift to another region for job purpull
	Time frame of notification: (As per Contract) One worth Signature Heading Date 20/02/2025
	A.4. OWNER'S DETAILS Full Name. Mugalu lazon Kitandy Remarks
В	3. TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name
	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.