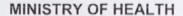
THE UNITED REPUBLIC OF TANZANIA







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 OF THE PHARMACY. A.1. DETAILS OF THE PHARMACY
	Name of the Pharmacy
	Physical address: Street. HAS ANCA Ward. WIOLE District/Municipal. MBEYA UDBAN Region. MBEYA
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name ALFRED N MAFMRN PIN 0101238 Phone 0717039417 Address MBE YA Email alfred mafmrn Officers and com
	A.3. REASON(s) FOR CHANGE DELAY OF CUNTRACT PAYMENTS
	Time frame of notification: (As per Contract) 30 days Signature M. Date 30/09/702
	A.4. OWNER'S DETAILS Full Name (2.4. MA) Strand St
В.	TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL
	Full Name
	Street
	Details of Previous pharmacy: Name of Pharmacy
	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
С.	FOR OFFICIAL USE ONLY
	INSPECTION/REGISTRATION OR ZONAL OFFICE
	Recommendations. Full Name. Designation. Signature. Date
0.	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.