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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. 167)

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..KAJOTA PHARMACY..Facility Identification Number (FIN) 010303

Physical address:

Street..KAJOTA..Ward..MHANDU..District/Municipal..NYAMAGANA..Region..MWANZA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..LILIAN PETER TULLY..PIN..Phone 0753704989

Address..MWANZA..Email..lilytemu30@gmail.com

A.3. REASON(s) FOR CHANGE

..KUHAMIA MKOA..

Time frame of notification: (As per Contract) 1month..Signature..Date 12/12/2024

A.4. OWNER'S DETAILS

Full Name..EUNICE G EMMANUEL..Phone Number..0762713474

Remarks..Accepted for Action..

Signature..Date..15/12/2024.

B. 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