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 Other Pharmaceutical Personnel
A	TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER OF THE PHARMACY. A.1. DETAILS OF THE PHARMACY OLON 870
	Name of the Pharmacy TIBHLYAKWALA Facility Identification Number (FIN). 0101870 Physical address: Ward WLARWER District/Municipal. ARWERU Region. ARUSHA Street. WAR Ward WLARWER District/Municipal.
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name Fine PIN 0103576 Phone 0160-810309 Address Email
	A.3. REASON(s) FOR CHANGE Assing und of now pla mans
1	Time frame of notification: (As per Contract)
	A.4. OWNER'S DETAILS Full Name A WOUNE CALLARY Phone Number OF 9719 Remarks Signature Callary Date Colors Over
В.	TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name SHABILL MARKETE PINO 1036 S8 Phone Number 0142 802 88 Email Multiple Shability Street No. 100 Physical address: Street NSA RIVER Ward USA RIVER District/Municipal Region ARMITER 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
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.