# 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  Name of the Pharmacy. MASHUJAA PHARMACY Facility Identification Number (FIN).  Physical address:  Street. MAHEMIE Ward. MAHEMIE District/Municipal. SONCE A Region. Ruyuma
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL  Full Name, FLISHA SAMSON MUHCIBINGA PIN 0103573 Phone 0745851788  Address P. O. BOX 6171 MREYA Email Clishesanson III @gmail. Com
	A.3. REASON(s) FOR CHANGE from Puruma to Mbeya Repion.
	Time frame of notification: (As per Contract) 1 month Signature Full por Date 09/09/2024
	A.4. OWNER'S DETAILS Full Name 100 ACC P WANTER Phone Number 0965 985300 Remarks Signature. Date 09 08 2024
в.	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.