

NOTICE FOR CHANGE OF MANAGEMENT OR PHARMACEUTICAL PERSONNEL OF A PHARMACY

(Regulation 17(f) 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

Name of the Pharmacy: BUSU WARE PHARMACY Facility Identification Number (FIN): 0305557

Physical address:

Street: KINSHAWA WARD

District/Municipal: KINSHAWA

Region: DAR-ES-SALAAM

Full Name:

Dennis SAKATA

Phone: 0965 410422

Email: dsakata@outlook.com

A.3. REASON(S) FOR CHANGE

MUTUAL TERMINATION

OF CONTRACT

Time frame of notification: (As per Contract) 3 MONTH

Signature: D. G. G. Date: 11/08/2024

A.4. OWNER'S DETAILS

Full Name:

HELENA

Remarks:

YES I AGREE

Signature: Helena Date: 11/08/2024

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/Owner 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.

