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 V 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: A.2. Physical address:
	Street MCHAFUKOGE Ward MCHAFUKOGE District/Municipal ILALA Region DAR - EC-LA
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name MICHAEL EDWARD NANDI PIN 0/02021 Phone 1255 625 775857 Address P.O. Box 20983 DAR-ES SALAAM Email Mchland. @ amail. com.
	A.3. REASON(s) FOR CHANGE
	QP
	RELOCATION TO ANOTHER AREA.
	Time frame of notification: (As per Contract) 1 MONTH. Signature Date 02 mg Date 02 mg Date 02 mg
	A.4. OWNER'S DETAILS Full Name HARUNA ATHUMANI KITINDI Phone Number 255653 8989 70. Remarks APPROVED TOR RELOCATION: Signature, White Date 02nd Jan 2025
B	. TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name
	StreetWardDistrict/Municipal
	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
C.	FOR OFFICIAL USE ONLY
	INSPECTION/REGISTRATION OR ZONAL OFFICE
	Recommendations
	Recommendations Full Name