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 BULONLWA Facility Identification Number (FIN), 0702 990
Physical address: Street. MALIMUMY Ward BONG District/Municipal MUF PD Region 1 RIM A
A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name. D. I. N. C. HELESTIND N. A. LEWINKAPIN 0404396 Phone. 0623 305902 Address. Email Ngalowokoding @gmail COM
A.3. REASON(s) FOR CHANGE EMPLOYED IN STHER
1NS7174TION
Time frame of notification: (As per Contract) 3 Month Signature Date 29 06 25
A.4. OWNER'S DETAILS KI SANZA Phone Number 0754807887
Remarks
B. TO BE COMPLETED BY THE OWNER ONLY
B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL • Full Name SOPHA HAMZA KILINGA PIN D408796 Phone Number 068023202 Email Sophiakilinga 169mail.
Physical address: Street. MALI M. Ward. BomA. District/Municipal. Nufi NO! Region. I. P. N. A.
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
(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.