PCF. 17

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....ELICA PHARMACY........Facility Identification Number (FIN)...0101637
Physical address:
Street...NYASUBI.......Ward....NYASUBI.......District/Municipal....KAHAMA.......Region...SHINYANGA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name...BARIK EMANUEL HEMMA.......PIN ..0102607....Phone....0679 527 282
Address.......0679 527 282.......Email...barikhemma@gmail.com.......

A.3. REASON(s) FOR CHANGE

......KUHAMA NJE YA MKOA, HIVYO KUTOWEZA KUTOA HUDUMA..........

....

Time frame of notification: (As per Contract) ..One Month...Signature..........Date...11/12/2023...

A.4. OWNER'S DETAILS

Full Name..EMMANUEL PETER CHILIMILA.........Phone Number...0769 640 146.......
Remarks....KUSITISHA MKATABA NA MFAMASIA ALIYEPO........
Signature........ Date....11/12/2023

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/ 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.