



# 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. AFYA. PHARMACYFacility Identification Number (FIN). OLO 1582  Physical address:  Street. JOHANI. JOHN! Ward. NYAUKUMBU. District/Municipal. GELTA
A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name GRACE FAUTURE PIN 0101600 Phone 0713323633 Address P.O. LOX 384 Email Grace Conductive Com
A.3. REASON(s) FOR CHANGE LUB OF CONTRACT 29 07 2025.
Time frame of notification: (As per Contract) 30 MYS Signature Date 4 08 2025
A.4. OWNER'S DETAILS Full Name. White Date of State Phone Number. Of
B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL  Full Name
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
RecommendationsDesignationSignatureDate
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.