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... MWONGO PHARMACY ...Facility Identification Number (FIN)... 0102876

Physical address:

Street... BLOCK 2 ...Ward... MZINGA ...District/Municipal... ILALA ...Region... DAR ES SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name... IWATA KABANDIKA ...PIN 0107664 ...Phone... 0767918184

Address... DSM ...Email... kabandikatwaha6@gmail.com

A.3. REASON(s) FOR CHANGE TRANSFER OF WORK STATION – (EMPLOYER) AND CHANGES OF DUTIES AS (WAREHOUSE SUPERVISOR) – SUPERINTENDENT

Time frame of notification: (As per Contract) 3 Month ...Signature... ...Date... 02/12/2024

A.4. OWNER'S DETAILS

Full Name... SYLVANUS L. BUPI ...Phone Number... 0755211000

Remarks... Request + process

Signature... ...Date...

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.