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)

Ch	anges to be Made: Superintendent V Other Pharmaceutical Personnel
Λ -	D BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER 1. DETAILS OF THE PHARMACY
Na	ime of the Pharmacy PATEL PHARMACY Facility Identification Number (FIN) 0100 663
Su	eet
A.2 Ful Ade	DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Name WALTER OMBENT PIN 0100589 Phone 0713 133910 dress DARES SALAAM Email Walter on bein Eginail com
A.3	REASON(s) FOR CHANGE CHANGE OF RESIDENT
Tim	e frame of notification: (As per Contract) Immediately Signature Wilson Date 09/09/2024
Full Ren Sign	Name MARIAM AHMED ADAM Phone Number 0754 3963 20 narks Date 9109 2024
B. TO BE COMPLETED BY THE OWNER ONLY	
ouee	NEW SUPERINTENDENT OTHER PHARMACEUTICAL PERSONNEL Name SUM A PIN SUB Phone Number OF SUM Email Summe Sum 2009 Ical address: It BWA WAY B Ward MILLES G District/Municipal DDD OWA Is of Previous pharmacy: In of Pharmacy HASIMAMI FIN District/Municipal Region POD OWA
B.2. (QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT / OTHER PHARMACEUTICAL
	- TO be attached)
(i) Copies of registration certificate and valid license to practice Contract Agreement/MOU Commitment Letter
C. FOR C	DEFICIAL USE ONLY
INSPE	CTION/REGISTRATION OR ZONAL OFFICE
Recom	nmendations
Failure	to acquire the services of another superintendent/ Other Pharmaceutical Personnel within the mentioned time shall lead to immediate closure of the premises as per Section 43 of the Pharmacy Act Cap 311.
NB: Oti	ner pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent.