THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH



PHARMA (Y COUNCIL

NOTIFICE FOR CHANGE OF MANAGEMENT OR PHARMACEUTICAL PERSONNEL OF A (Regulation 17(1) of The Pharmacy (Pharmacy Pract:) and the Conduct of Business of Pharmacy) GN No. 267)

	Othe	Pharmaceutical Personnel
	A. TO BE COMPLETED BY THE SUPERINTENDENT/(OF THE PHARMACY.	THER PHARMACEUTICAL PERSONNEL AND OWNER
	Name of the Pharmacy MACC PHARMACEUTICAL	COMPANY LIMITED Company Limited Facility Identification Number (FIN). 0101688
	Street Plot No. 6.14 Ward KIJMONYAMA	District/MunicipalK(NONDON)Region.DAR.ES SALAAM
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHA Full Name KANYEL! Do KASUKA Address Pro Box 61665, Day es salaan	MACEUTICAL PERSONNEL PIN 0103317 Phone 0756623839 Email Kasukaz @ ya heo com
	A.3. REASON(s) FOR CHANGE	
	Automatic termination (intract expired)
	Time frame of notification: (As per Contract)	Signature Date 03/04/2024
	A.4. OWNER'S DETAILS Full Name Charles Remarks. Contract expreel Signature. Fall. Date 8 16472024	Phone Number 0656596233
8	. TO BE COMPLETED BY THE OWNER ONLY	
	StreetWardDistrict	/ /lunicipal
	B.2. QUALIFICATION DOCUMENTS OF THE NEW SU	ERINTENDENT / OTHER PHARMACEUTICAL
	PERSONNEL (To be attached) (i) Copies of registration certificate and valid licer (ii) Contract Agreement/MOU (iii) Commitment Letter	
C.	FOR OFFICIAL USE ONLY	
	INSPECTION/REGISTRATION OR ZONAL OFFICE	
	Recommendations	t onDate
	NOTE; Failure to acquire the services of another superintendent frame, shall lead to immediate closure of the premises as	Nils as FM.
	NB: Other pharmaceutical personnel mean any pharmac	tical personnel apart from superintendent.