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.....MBOYO PHARMACY.....Facility Identification Number (FIN)...0102129

Physical address:

Street.....IYANKA.....Ward.....ILOMBA.....District/Municipal.....MBEYA.....Region.....MBEYA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name.....KELVIN SEVERIN.....PIN.....0103319.....Phone.....0622577645.....

Address.....MBALIZI, MBEYA.....Email.....severinkelvin@gmail.com.....

A.3. REASON(s) FOR CHANGE

.....THE SUPERINTENDENT HAS BEEN EMPLOYED AT A PHARMACEUTICAL COMPANY THAT REQUIRES HIS FULL TIME PRESENCE.

Time frame of notification: (As per Contract) .....3 MONTHS.....Signature...../BUKUKU.....Date.....02/06/2025.....

A.4. OWNER'S DETAILS

Full Name.....JASUSA SAUDEN BUKUKU.....Phone Number.....0754047439.....

Remarks.....

Signature...Bukuku.... Date.02/06/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name .....PETER ANTHONY KOPOKA.....PIN.....0103726.....Phone Number.....0744909028.....Email.....peterkopoka503@gmail.com

Physical address:

Street.....KILIMAHEWA.....Ward.....NZOVWE.....District/Municipal.....MBEYA.....Region.....MBEYA

Details of Previous pharmacy:

Name of Pharmacy.....IN-DEO PHARMACY MKONZE BRANCH.....FIN.....0102898.....District/Municipal.....DODOMA.....Region.....DODOMA

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.