#### 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.  ALL ALLA COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER  OF THE PHARMACY  Name of the Pharmacy.  ALLA COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER  OF THE PHARMACY.  A.1. DETAILS OF THE PHARMACY  Name of the Pharmacy.  ALLA COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER  OF THE PHARMACY.  A.1. DETAILS OF THE PHARMACY  Name of the Pharmacy.  ALLA COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER  OF THE PHARMACY.  A.1. DETAILS OF THE PHARMACY.  Name of the Pharmacy.  ALLA COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER  OF THE PHARMACY.  ALLA COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER  OF THE PHARMACY.  ALLA COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER  OF THE PHARMACY.  ALLA COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER  OF THE PHARMACEUTICAL PERSONNEL PERSONNEL PERSONN
	Physical address: Street words A PANG A Ward MEAGOLA District/Municipal TMUKE Region DAR-TI-SA
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL  Full Name PEND TO THE PHARMACEUTICAL PERSONNEL  Address DESCRIPTION TO THE PHARMACEUTICAL PERSONNEL  Email PENDOLUTION COND.
	A.3. REASON(s) FOR CHANGE SHIFTING FROM DAR TO ANOTHER REALISM
	Time frame of notification: (As per Contract) A. MANTH. Signature. Pro- Date. 29/09/2021
	A.4. OWNER'S DETAILS Full Name John PETER KULWA Phone Number 04 5 3 18 30 5 3 Remarks Signature Jakadas Date 2 1. 09. 25
В.	TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL  Full Name
	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
D.	<b>NOTE</b> ; 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.