

THE UNITED REPUBLIC OF TANZANIA

PCF. 17

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. Physical address: Street. MAKAO MARWard. EVOLOSI District/Municipal. ARUSHA J IT Region. ARUSHA
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name A STATE NOT PIN 010 23 58 Phone 0764373745 Address 459 WARLUCK Email Oxford gmarker
	A.3. REASON(s) FOR CHANGE
	Dinner general to stop prizes of browning,
	Time frame of notification: (As per Contract)
	A.4. OWNER'S DETAILS Full Name & A YUNI & SHE WIETE Phone Number 0755-72223 Remarks. Signature Morey Date 1111212023
E	3. TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name
	 (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
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.
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NB: Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent.