

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 AGACARE PHARMACY Physical address: Street Ward ARHER 1 District/Municipal Tenantal Region ARUH	3
A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name LEO KADIA - C. MACIKI PIN 0103324 Phone Address Email Leo Maciki STEROgriculi Com.	
A.3. REASON(s) FOR CHANGE	
Kurung Kung Mola wa mkataba (6/7/23-6/7/24) Time frame of notification (As per Contract) 1 month Signature Dik Date 6/06/24-	
Time frame of notification. (As per contract)	
Remarks Dum Wabet Kayanja h Kataba	
. TO BE COMPLETED BY THE OWNER ONLY	
B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL	
Full Name	***
Physical address: Street	
Details of Previous pharmacy: Name of Pharmacy	
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	
. FOR OFFICIAL USE ONLY	
INSPECTION/REGISTRATION OR ZONAL OFFICE	
Recommendations	
Full NameDesignationSignatureDate	•••
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.	