

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

NOTICE 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: Georgina Pharmacy Physical address: K. Mtungani Street: K. Mtungani Ward: Kunduchi District/Municipal: Kinondoni Region: Pwani

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: Rufia George Khamisa PIN: 0103037 Phone: 0687109801 Address: P.O. Box 12089, Pwani - Salama Email: rwfiamkhamisa@gmail.com

A.3. REASON(S) FOR CHANGE

Failure to make payment

Time frame of notification: (As per Contract) 30 days Signature: [Signature] Date: 12/02/2024

A.4. OWNER'S DETAILS

Full Name: ANNA GEORGE KHAMISA Remarks: [Signature] Signature: [Signature] Date: 12/02/2024

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name: [Blank] PIN: [Blank] Phone Number: [Blank] Email: [Blank] Physical address: [Blank] Street: [Blank] Ward: [Blank] District/Municipal: [Blank] Region: [Blank] Details of Previous pharmacy: [Blank] Name of Pharmacy: [Blank] Full Name: [Blank] District/Municipal: [Blank] Region: [Blank]

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: [Blank] Full Name: [Blank] Designation: [Blank] Signature: [Blank] Date: [Blank]

D. NOTE:

Failure to acquire the services of another superintendent or 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.

