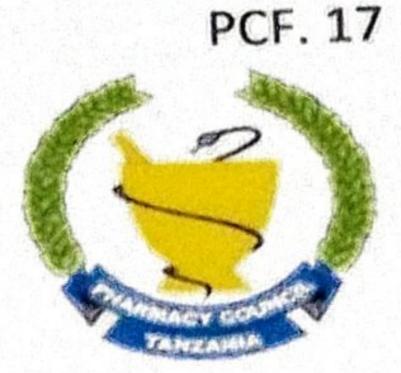
THE UNITED REPUBLIC OF TANZANIA



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 V 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. HISAGE PHARMACY. Facility Identification Number (FIN). 0.100146 |
| Physical address: Street |
| A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name. MATRONA O. COSTANTINI PIN DIO1832 Phone D717147290 Address P. D. BOX 11. KILIMANDARO-ROMBO Email Shirmanula @ 9 mail 1000 |
| A.3. REASON(S) FOR CHANGE OF AREA OF EXPERTISE (JUB) FROM DAR- TO TANGA. |
| ~ 1 A |
| Time frame of notification: (As per Contract) 3. Months |
| A.4. OWNER'S DETAILS Full Name JUBIUNTE S. NKYN Remarks Signature Date 3 rd Feb. 7025 |
| B. TO BE COMPLETED BY THE OWNER ONLY |
| B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL |
| Full Name Email Email |
| Physical address: StreetRegionRegion |
| Details of Previous pharmacy: Name of Pharmacy Region |
| 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. 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.