

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)

	on to be Made: Superintendent Other Pharmaceutical Personnel
Changes to be Made: Superintendent Other Pharmaceutical Personnel A. TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER	
OF TH A.1. D Name Physi Stree	TEPHARMACY. ETAILS OF THE PHARMACY of the Pharmacy. MEDI. SMART. PHARMACY. Facility Identification Number (FIN).0102734 cal address: DARAJAM PUT 56. Ward. UNGA UTD. District/Municipal. AROS HA JUJI. Region. AROS HA. DARAJAM PUT 56. Ward. UNGA UTD. DISTRICT PERSONNEL
Full N Addr	lame LULU Misovi Mineral Email Glylydani el @yahoo am Email Glylydani el @yahoo am
	DELATOR FOR STATE OF THE STATE
	frame of notification: (As per Contract) 01 02 2024 Signature 4704 Date 01 02 2024
_	Name LOVENEU ROBERT CAMBIR A Phone Number 075760797 narks nature Date
B. TO BE COMPLETED BY THE OWNER ONLY	
B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name	
Phy Stre Det	et
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
	R OFFICIAL USE ONLY
	SPECTION/REGISTRATION OR ZONAL OFFICE
Fu	commendations Designation Signature Date
fro	ilure to acquire the services of another supermembers of the Pharmacy Act Cap 311.
N	3: Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent.