

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/OT OF THE PHARMACY. A.1. DETAILS OF THE PHARMACY	HER PHARMACEUTICAL PERSONNEL AND OWNER
Name of the Pharmacy FAMIT	Facility Identification Number (FIN). 01629 95
Street TONDOGO Ward KI BAMBA	District/Municipal UBUNGO Region DAR-ES-SALAAN
Full Name DOR TEN FMM A NUEL BONYAGE Address. M.BUNGO - DAR-ES-SALAA M	MACEUTICAL PERSONNEL E.PIN 0103748 Phone 0716077207 Email 00192098 boniface@gmail:com
A.3. REASON(s) FOR CHANGE the residence	e From Day-es-saloam to Iringa
Time frame of notification: (As per Contract) 4 month	13 Signature BowyalQ Date 17/11/2024
A.4. OWNER'S DETAILS Full Name. Property Coulder Me. Remarks. Change of Managemen Signature. Date. 17-11-22 24	Cura Phone Number 0685-805305
B. TO BE COMPLETED BY THE OWNER ONLY	
B.1. NEW SUPERINTENDENT / OTHER PHARMACEUT Full NamePINPIN	Phone NumberEmail
StreetWardDistrict/N Details of Previous pharmacy: Name of PharmacyFIN.	/lunicipalRegion
B.2. QUALIFICATION DOCUMENTS OF THE NEW SUP PERSONNEL (To be attached) (i) Copies of registration certificate and valid licens	ERINTENDENT / OTHER PHARMACEUTICAL
(ii) Contract Agreement/MOU (iii) Commitment Letter	e to practice
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(iii) Contract Agreement/MOU (iii) Commitment Letter C. FOR OFFICIAL USE ONLY INSPECTION/REGISTRATION OR ZONAL OFFICE	
(iii) Contract Agreement/MOU (iii) Commitment Letter C. FOR OFFICIAL USE ONLY INSPECTION/REGISTRATION OR ZONAL OFFICE Recommendations	
(iii) Contract Agreement/MOU (iii) Commitment Letter C. FOR OFFICIAL USE ONLY INSPECTION/REGISTRATION OR ZONAL OFFICE	on