

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)

OF	BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER THE PHARMACY.
A.1	me of the Pharmacy KYA! PHARMACY Facility Identification Number (FIN) 0102518
Na	me of the Pharmacy KVA! PHARMACY Facility Identification Number (FIN) 0102518
Pn	ysical address: eet.FUNDLBALKEUWard.VIIBWEN!District/Municipal.KIGAMBON!Region.DALESSACAMM
A.2 Ful	DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Name SALMA S MRINGO PIN 0103740 Phone 0762334059 DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL PIN 0103740 Phone 0762334059 DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSO
Aut	iless
A.3	REASON(S) FOR CHANGE KUHAMA KIMAKAZI / MKOA NA KAZI
Tim	ne frame of notification: (As per Contract) 1 Month Signature Targo Date 03 12 2024
A 4	OWNER'S DETAILS
Full	Name HASSAN SADASI Phone Number 0769907241 marks Date 02/12/9024
Rer	narks. A. A. INCPORT LOWS.
Sign	nature Date. 03.1.1.1.9009
	BE COMPLETED BY THE OWNER ONLY
10.00	
	NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL
	NameEmailEmail
Phys	ical address: etRegion
	ils of Previous pharmacy:
Name	e of Pharmacy
	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
INSP	ECTION/REGISTRATION OR ZONAL OFFICE
Recor	mmendations
Full N	ameSignatureDate
D. NOTE	; to acquire the services of another superintendent/ Other Pharmaceutical Personnel within the mentioned time

NB: Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent.