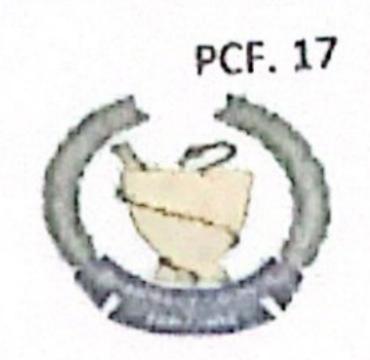


THE UNITED REPUBLIC OF TANZANIA

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. MSYMT. PHARMACY Physical address: Street. UYOUR Ward. 1971. District/Municipal/MSYMTUM. Region. MSEYMTUM.
A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name Deach III Surk Ist 11/14 PIN 0102106 Phone 0754 070071 Address MESS TO Email 91/15/14/10/05/14/10/05
A.3. REASON(s) FOR CHANGE
Time frame of notification: (As per Contract) 03/06/2025 Signature MID Date 27/07/2025
A.4. OWNER'S DETAILS Full Name KEPHER A. MWALUKISA Phone Number 07-59-28-7163 Remarks. AME KUBALI KUIA FUIA MFAMASIA IXXIINGIPE Signature ABULEA. Date 24-107/2025
B. TO BE COMPLETED BY THE OWNER ONLY
B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name
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
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.