

NOTICE 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/OTHER PHARMACEUTICAL PERSONNEL AND OWNER OF THE PHARMACY.

A.1. DETAILS OF THE PHARMACY
Name of the Pharmacy: Mwananyama Pharmacy
Street address: Mwananyama
Ward: Mwananyama
District/Municipal: Mwananyama
Region: MwananyamaA.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL
Full Name: Mwananyama
Address: Mwananyama
Phone: 0102529
Email: mwananyama@pharmacy.tz

A.3. REASON(S) FOR CHANGE

Contract ended

Time frame of notification: (As per Contract) 1 year
Signature: Mwananyama
Date: 02103124

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name: Mwananyama
Physical address: Mwananyama
Ward: Mwananyama
District/Municipal: Mwananyama
Region: Mwananyama
Details of Previous pharmacy: Mwananyama
Name of Pharmacy: Mwananyama

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: _____
Full Name: _____
Signature: _____
Date: _____

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.

