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** ☑ **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..MORINGA PHARMACY..Facility Identification Number (FIN)..0102526..

Physical address:

Street..MIANZINI..Ward..MIANZINI..District/Municipal..ARUSHA..Region..ARUSHA..

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..Deus Shabaka Shya..PIN..0103220..Phone..0746701800..

Address..P.O.Box 49 Ilboru..Email..Shyadeus15@gmail.com..

A.3. REASON(s) FOR CHANGE

..Immediately The premise is closed..

Time frame of notification: (As per Contract) ..Signature..[signature]..Date..30/05/2024..

A.4. OWNER'S DETAILS

Full Name..Epaffasi Nsimba..Phone Number..0684582331..

Remarks..

Signature..[signature]..Date..30/05/2024..

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name ..PIN..... Phone Number..Email.....

Physical address:

Street..Ward..District/Municipal..Region.....

Details of Previous pharmacy:

Name of Pharmacy..FIN..... District/Municipal..... Region.....

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..Ok, proceed with changes..

Full Name..Daniel K. Mmidolea..Designation..Intern..Signature..Date ..

PHARMACY COUNCIL RECEIVED 03 JUN 2024 P.O. BOX 15353, ARUSHA

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.