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	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
	Street
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name MTORO AS DALLAH PIN 0101178 Phone 0655711) 24 Address POBOX 1444 E Email Rankas 781@gmail.com
	A.3. REASON(s) FOR CHANGE Preparation for opening own
	Time frame of notification: (As per Contract) One Month Signature. Date 14 01 2025
	A.4. OWNER'S DETAILS Full Name Phone Number 0715333322. Remarks Date IS DI 7028
B.	TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL
	Full Name
	StreetWardDistrict/Municipal
	Street
C.	Street
C.	Street
C.	Street