

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.1. DETAILS OF THE PHARMACY Name of the Pharmacy Powers IFE Pharmacy Physical address: Street Feren Ward Ruff MGon Ferry District/Municipal Coambon Region Partes-salam A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name 7 Action Ruff Luffe Pharmaceutical Personnel Full Name 7 Action Ruff Luffe Pharmaceutical Personnel PIN 0102038 Phone 0758309895 Address P.O. Box 1383 - Nyomagana Musanus Email 2achary Imagence @ gmail com
	A.3. REASON(s) FOR CHANGE
	CURRENTLY LIVING IN MWANZA
	Time frame of notification: (As per Contract) 30 DAYS Signature Date 02/06/2025
	A.4. OWNER'S DETAILS Full Name 2 ACHARIA LUHENDE Phone Number 0758309895 Remarks ACCEPTED Signature 2 106 2025
В.	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
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.