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 LUGALO ALUMNI PHARMACY Facility Identification Number (FIN) 0102597

Physical address:
Street Mabibo street Ward Mabibo District/Municipal UBUNGO Region Dar-es-salaam

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name EDIW MUKURASI PIN 010 3232 Phone 0623235629
Address UBUNGO – DAR-ES SALAAM. Email edwaremma99@gmail.com

A.3. REASON(s) FOR CHANGE

(i) There is no good communication between the two parties, they don't pick up phone calls.
(ii) The business hasn't started yet, No any payment done since May 2023. The contract has reached to an end

Time frame of notification: (As per Contract) 1 month Signature [signature] Date 02/02/2024

A.4. OWNER'S DETAILS

Full Name LUGALO ALUMNI PHARMACY Phone Number 0767 456 450
Remarks AGREED THE PHARMACY HAS NOT BEEN IN OPERATION DUE TO INCORRECT PERMIT
Signature [signature] Date 5/2/2024

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 .....
Full Name ..... Designation ..... 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.