## 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 V Other Pharmaceutical Personnel
A	OF THE PHARMACY.  A.1. DETAILS OF THE PHARMACY PHARMACY BLANCH  Name of the Pharmacy NICKY PHARMACY BLANCH  Facility Identification Number (FIN) D101164
	Street MKWAJUNI Ward MKWAJUNI District/Municipal SON TWE Region SON TOWE
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name J W 105 ADRIAND PIN 0101 454 Phone 0754207118 Address Email Shikunzij@gmail. com
	A.3. REASON(s) FOR CHANGE FAMASI HAIJALIPIWA KIBALI,
	2. IMEFUNGWA KUPISHA UKARABATI
	Time frame of notification: (As per Contract) NO LONTRACT Signature Phone 31/12/2024
	A.4. OWNER'S DETAILS Full Name PHILLIAND MEINA Phone Number 0758 571785 0756 97876 Remarks NILIFUNI RA PHARMACY NAFANYA LIKAKARATI Signature PARIMA Date 3//12/2024
В.	TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL
	Full Name
	Physical address: Street Ward District/Municipal Region
	Details of Previous pharmacy:
	Name of Pharmacy
	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
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.
	ND. Other phermaceutical perceptual man any pharmaceutical perceptual apart from currents and