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 Physical address: Street. THE GAP I Ward M WARGA KALKAZINI District/Municipal. K. I.Gom A. (m.C.). Region. Regi
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name EVE A BRAISON HUMA PINOA07374 Phone 0763406252 Address 5 1 9 223 K150MA Email Euglabrauson 22276 gman Com
	A.3. REASON(s) FOR CHANGE moving to the region.
	Time frame of notification: (As per Contract) One year Signature Date 09/11/2024
	A.4. OWNER'S DETAILS KI YA /A JOSHVA Phone Number 07 62 99 33 62 Full Name Phone Number 07 62 99 33 62 Remarks Signature Date 10 - 1011 - 2021
В.	TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name KITATA TOUTHO PIN 0408107 Phone Number 076299336 Email Schockly and a Kitaty and
	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 NameDesignationSignatureDate
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.