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. Annemaria Pharmacy Facility Identification Number (FIN). 0103165 Physical address: Street. Maddle. Ward. Mg 20 District/Municipal. Anondoni Region Dar-er-val
	Physical address: Street Madale Ward Mg 20 District/Municipal Kino rdoni Region Day -er-val
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name. NAOM) G. NW SV GA PIN 0103630 Phone. 06 998/8/85 Address. Day - ev - Valoom Email (100m) mwe vi @gmail.com
	A.3. REASON(s) FOR CHANGE CONTRACT HAS EXPIRED
	Time frame of notification: (As per Contract) TMMI PIATELT. Signature. Date 28/08/2005
	A.4. OWNER'S DETAILS FUll Name Alex Plus Mattundo Phone Number 0719225169 Remarks CONTRACT HAS EXPIRED NO RENEWAL DONE Signature Date 28/08/2025
В.	TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name
	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
	RecommendationsDesignationSignatureDate
	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.