

THE UNITED REPUBLIC OF TANZANIA

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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. SOFU PHARMACY Physical address: Street. MBEZI Ward MSI GANI District/Municipal UBUNGO Region DARES - JALAA
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name ELICHA FLOELS MC16WA PIN 0103236 Phone 0742 746578 Address Pro Box 62933 Email Elishamagua 970 gmail com
	A.3. REASON(s) FOR CHANGE
	- RELOCATING TO ANORHER REGION
	Time frame of notification: (As per Contract) 30 days Signature Date 13/01/2025
	A.4. OWNER'S DETAILS Full Name. MAGRETH PETER LYIMO Phone Number 0763508888 Remarks. OKAY Signature. MAYMO. Date 13 01 2025
B. 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
	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.