

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	Name of the Pharmacy. PHARMACY Name of the Pharmacy. PHARMACY PHARMACY Physical address: Street STAN P. IN DOGO Ward. KA LEYOLUS.). District/Municipal. A RUSIAN Region. ARUSIAN
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name LRICK RAPITARY LAIZER PIN 0405915 Phone 0.758513156 Address exterphast Compress Stemail encryphast Compress Stemail encryphast Compress Stemail encryphast Compress Stemail Compress Stemai
	A.3. REASON(s) FOR CHANGE PHARMACY CLOSED
	Time frame of notification: (As per Contract) Soday S. Signature. Date 17 67 2020.
	A.4. OWNER'S DETAILS Full Name HELLEN LIVEYU Phone Number 0768 285525 Remarks Signature Date 17.07/2024
В.	TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name PlN Phone Number Email Physical address: Street 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
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.