

## 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
		Street Dvs Stone Ward District/Municipal Apusta Sign Region Apusta
		A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name Mouso Mark Kimani PIN Olaugas Phone 07 8420 9 69 7 Address Email Markmelus ey also com
		A.3. REASON(s) FOR CHANGE NOT DONE AS PER CONTRACT.
		Time frame of notification: (As per Contract) 3 Mori Hs Signature Detail Date 20 111/2024
		A.4. OWNER'S DETAILS ACHO GODWIN NAER Phone Number 0787739393
		Remarks
E		TO BE COMPLETED BY THE OWNER ONLY
		B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name
		Street
		B.2. QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT / OTHER PHARMACEUTICAL
		PERSONNEL (To be attached)
		<ul> <li>(i) Copies of registration certificate and valid license to practice</li> <li>(ii) Contract Agreement/MOU</li> <li>(iii) Commitment Letter</li> </ul>
C	. F	FOR OFFICIAL USE ONLY
	ı	NSPECTION/REGISTRATION OR ZONAL OFFICE
	F	RecommendationsDesignationSignatureDate
D	F	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.
	ľ	NB: Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent.