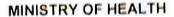
THE UNITED REPUBLIC OF TANZANIA







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
Α.	TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER OF THE PHARMACY. A.1. DETAILS OF THE PHARMACY Name of the Pharmacy ELINKIM PURPLACY Physical address Street. MWINE Ward MUENDAMULIMA District/Municipal. MINIMA Region SHIPMING.
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name SIMON ERACTO HERMAN PIN 0103 173 Phone 07549 22 83 2 Address PO BOX 2649 MWNNIA Email Simon eractor 25 Cymraid (om)
	A.3. REASON(s) FOR CHANGE TRANSFER TO OTHER PEGION (MREYA)
	Time frame of notification: (As per Contract) CNE MONTH Signature. Date 1701/2045
	A.4. OWNER'S DETAILS ELIAS ILIMOLA Full Name SIMBLE ELIAS ILIMOLA Remarks. Signature The Date 247012025
в.	TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name PIN Phone Number Email Physical address: Street Ward 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 Designation Signature Date
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