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. 207)

| Changes to be Made Superintendent V Other Pharmaceutical Personnel |
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| 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 1 1 PHARMACY A.Facility Identification Number (FIN) OLCIO8 Physical address |
| Street RIFIJI Ward MKANYENVE District/Municipal MAMAGANA Region MWANZ |
| A.2. DETAILS OF SUPERINTENDENTIOTHER PHARMACEUTICAL PERSONNEL Full Name FATUMA APPLIAH KAPELA PIN 0103858 Phone 0699671110 Address NYANAGANA-NWANZA Email Patrakapela 07@gmail Com |
| A.3. REASON(s) FOR CHANGE |
| Mutial Agregment |
| Time frame of notification (As per Contract) Signature Date |
| A.4. OWNER'S DETAILS Full Name d(PHARMACEURCAL and COMPANY LTD- Phone Number 0765969362 Remarks Signature Blo. Date 11/11/205. |
| B. TO BE COMPLETED BY THE OWNER ONLY |
| B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name PlN 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 Full Name Designation Signature Date |
| 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. |