

PHARMACY COUNCIL



APPLICATION FOR ALTERATION (Under Section 35 (1) of Pharmacy Act, 2011)

Registrar,
Pharmacy Council,
P.O. Box 1277,
Dodoma.

APPLICATION FOR CHANGE OF:

1. PREMISES LOCATION
2. BUSINESS NAME
3. BUSINESS OWNERSHIP

SECTION A: APPLICANT CURRENT INFORMATION:

NAME OF PREMISES: FIN:

TYPE OF BUSINESS: Retail Pharmacy Wholesale Pharmacy Warehouse

PHYSICAL ADDRESS:

Plot No. Street: Ward:

District/Municipal..... Region:

POSTAL ADDRESS: Contact. No.

E-mail:

OWNERSHIP:

Directors (Names): 1. Qualification:

2. Qualification:

3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: PIN:

Residential Address: Tel: Email:

Contract commencement date: Cessation date:

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES:

TYPE OF BUSINESS: Retail Pharmacy Wholesale Pharmacy Warehouse

PHYSICAL ADDRESS:

Plot No. Street: Ward:

District/Municipal..... Region:

POSTAL ADDRESS: CONTACT. No.

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

- 1. Qualification:
- 2. Qualification:
- 3. Qualification:

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name:PIN:.....
 Residential Address:Tel:Email:
 Contract commencement date: Cessation date

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

- 1.

- 2.

SECTION D: APPLICANT INFORMATION

Name of Applicant:
 (Contact/email if different from the above)
 Address: Tel: E-mail:
 Signature of Applicant.....Date.....

SECTION E: APPLICANT DECLARATION

I hereby declare to the best of my sanity that the information provided is valid and there are mutual agreements of terms between parties.

Signature of Applicant..... Date

SECTION F: REQUIRED ATTACHMENT

Please attach the following documents depending on your proposed changes:

- 1. TAX CLEARANCE CERTIFICATE
- 2. Copy of lease agreement or title deed
- 3. Memorandum of Understanding
- 4. Certificate of registration from BRELA
- 5. Copy of Director(s) ID
- 6. Original Premises Registration Certificate (For Alteration No. 1 or 2)