# 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   |
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| 3  | 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 POWERLI FE - BUZURUGA BRANFacility Identification Number (FIN) 0103522 Physical address:   |
|    | Street MAKATO Ward MAHINA District/Municipal NTAMAGANA Region TWAN20  |
|    | A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL  Full Name WILLIAM CHANGAE PIN 0103934 Phone 0757 427946  Address 972 TWANZA Email Changae William 10226 gracil William   |
|    | A.3. REASON(s) FOR CHANGE TUEUAL agreement  |
|    | ***************************************   |
|    | Time frame of notification: (As per Contract) 30 days Signature Date 19 05 2025   |
|    | A.4. OWNER'S DETAILS Full Name ZACHARIA LUHENDE MAGEME Phone Number 0769909895 Remarks Accepted Signature Date 19-05-2025   |
| В  | . 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  |
| С  | 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.   |