PCF 17

# 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 KIPILIPILI PHARMACY Facility Identification Number (FIN) 0102593

Physical address
Street DUNDA Ward DUNDA District/Municipal BAHIA mayo Region PWANI

**A.2 DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL**

Full Name JULIAN CHONERY PIN 01E2815 Phone 0766007287
Address PWANI Email julianchonery90@gmail.com

**A.3. REASON(s) FOR CHANGE**

CHANGE OF RESIDENCE

Time frame of notification: (As per Contract) 1 month Signature [signature] Date 1/08/2025

X **A.4. OWNER'S DETAILS**

Full Name HUSNA IADI KIPILIPILI Phone Number 0752171624
Remarks
Signature HKIPILIPILI Date 27/8/2025

**B. 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 .....
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