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: Mac Pharmacy-Kigogo Mbuyuni Facility Identification Number (FIN): 0101240

Physical address:

Street: Kigogo Mbuyuni Ward: Kigogo District/Municipal: Kinondoni Region: Dar es salaam.

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: SIMON TAPHARY MBISE PIN: 0101683 Phone: 0754976492

Address: BOX 67164 DSM Email: simonmbise60@yahoo.com

A.3. REASON(s) FOR CHANGE Due to the Change of Pharmacy bussiness Ownership.

Time frame of notification: (As per Contract) ..... Signature: ..... Date: 01/08/2025

A.4. OWNER'S DETAILS

Full Name: M.C JAITA MBIN I Phone Number: 0655 710 206

Remarks: GIVE US 1 MONTH FOR PHARMACIST

Signature: ..... Date: 17/04/2025

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.....

Full Name..... 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.