



THE UNITED REPUBLIC OF TANZANIA

PCF, 17



MINISTRY OF HEALTH

PHARMACY COUNCIL

NOTICE 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

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Name of the Pharmacy NACIONE PHARMACY Facility Identification Number (FIN) 0103622

Physical address: MACHINJION Ward MULIANDU District/Municipal NYMAGANGA Region MWANZA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

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Full Name: HARRY R MBANA PIN: 0102444 Phone: 0766595962
Address: MBANA Email: mbanaharry96@gmail.com

A.3. REASON(s) FOR CHANGE

End of contract due to payment issue on
Time frame of notification: (As per Contract) 1 month Signature: [Signature] Date: 01/07/2025

A.4. OWNER'S DETAILS

A.4. OWNER'S DETAILS
Full Name MSHA CHRISTOPHE Phone Number 0764106883
Remarks Received
Signature Chenah Date 5/07/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL
 _____ PIN..... Phone Number....

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name PIN Phone Number Email
..... Region

Full Name
Physical address: District/Municipal Region
Street Ward Region

Physical address: Street..... Ward..... District/Municipal..... Region.....
 Details of Previous pharmacy: FIN..... District/Municipal..... Region.....
 Name of Pharmacy.....
 NEW SUPERINTENDENT / OTHER PHARMACEUTICAL

B 2 QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT / OTHER PHARMACEUTICAL

PERSONNEL (To be attached)

- 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

INSPECTION/REGISTRATION OR ZONAL OFFICE

Recommendations..... Designation..... Signature..... Date

Full Name.....

..... within the mentioned time

D. NOTE;

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.