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..... CALVARY PHARMACY .....Facility Identification Number (FIN)..... 0100551

Physical address:

Street..... Tangi Bovu ..Ward..... Mbezi .....District/Municipal..... KINONDONI .....Region..... DAR ES SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..... PHILIP CHIPASI .....PIN .....Phone..... 0688276516

Address..... 233 BUZA .....Email..... chipasiphilip@gmail.com

A.3. REASON(s) FOR CHANGE

..... Payment issues: (Not paid for more than 2 months) .....

.....

Time frame of notification: (As per Contract) ..... 30days .....Signature..... [signature] .....Date..... 11/4/2025

A.4. OWNER'S DETAILS

Full Name.....Phone Number.....

Remarks.....

Signature..... Date.....

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.

PHILIP GEORGE (CHIP8)
P.O. BOX 333
BUZA

MSAJILI BARAZA LA FAMASI
P.O.BOX
1277
DODOMA

YAH: KUBALISHA UONGOZI CALVARY PHARMACY.

Rejea kichwa cha habari hapo juu. Mimi ni mfanyakazi katika famasi ya Calvary. Nilikuwa naomba kusitisha mkataba kazini pia form yangu imeshindwa kusainiwa na mmiliki kwa sababu ambazo sio za msingi.

Wako mtiifu

[signature]

0688276516