## 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, MILAN PHARMACY Equilibria Number (518) 0300538
	Physical address: Street KIPON2A Ward CHANA2   District/Municipal TEMEKE Region DAR SS AU
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name BARAKA J. NYAKIRA NGANYI PIN 0103004 Phone 0754531630 06886764 Address LALA - DAR ES SALAAM Email berakangmegmailiam
	A.3. REASON(s) FOR CHANGE CONTRACT EXPIRATION WITHOUT RENEWAL, IT HAS
	Time frame of notification: (As per Contract) 30 Da YS Signature Date 4/07/2025
	A.4. OWNER'S DETAILS Full Name. MARIETHA . C. KUHUMBU
В	TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL  Full Name
	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
	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.