



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 WITO PHARMACY Facility Identification Number (FIN) 0300265
Physical address:
Street LUMUMBA Ward LUMUMBA District/Municipal MAKAMBAKO Region NDOMBE

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name LUCIA M. PAUL PIN 0103437 Phone 0753 284011
Address SENETI, MAKAMBAKO Email luciapaul6@gmail.com

A.3. REASON(S) FOR CHANGE

END OF CONTRACT.

Time frame of notification: (As per Contract) 7 days Signature [Signature] Date 14/08/2024

A.4. OWNER'S DETAILS

Full Name REHEMA NAIMAN MHEPELA Phone Number 0752 326382
Remarks Good
Signature [Signature] Date 14/08/2024

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.