



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

Name of the Pharmacy: SHINYANGA ROYAL PHARMACY Facility Identification Number (FIN): 0300107

Physical address:

Street: Plot No 89, Block E, Ward CHELA District/Municipal: KAHAMA Region: SHINYANGA
Nyaga Road, Kahama

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: BENEDICTOR IOHANA MASILA PIN: 0103698 Phone: 0759664174

Address: _____ Email: _____

A.3. REASON(S) FOR CHANGE

Superintendent shifting to another Region (To Sengerema- Mwanza)

Time frame of notification: (As per Contract) One (1) month Signature: B. Idoma Date: 24/03/2025

A.4. OWNER'S DETAILS

Full Name: MHOJA NKWABI Phone Number: 06 22303503

Remarks: Accepted

Signature: [Signature] Date: 31/03/2025

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.