



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL



PCF. 17

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..... MACHINJION PHARMACY..... Facility Identification Number (FIN)..... 0100895
Physical address:
Street..... MACHINJION..... Ward..... MACHINJION..... District/Municipal..... NYAMAGANA..... Region..... MWANZA.....

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..... BERNARD LUMUMU BRASIO..... PIN..... 0405142..... Phone..... 0959494107
Address..... MACHINJION..... Email..... bernard26@gmail.com.....

A.3. REASON(S) FOR CHANGE

FAILURE TO PERFORM CONTRACTUAL OBLIGATIONS
(30 days)

Time frame of notification: (As per Contract)..... 19/09/2025..... Signature..... Date..... 19/09/2025.....

A.4. OWNER'S DETAILS

Full Name..... MARY RAPHAEL L MUEWA..... Phone Number..... 0784525553
Remarks..... Agree.....
Signature..... Date..... 19/09/25.....

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.