



## THE UNITED REPUBLIC OF TANZANIA

## 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..... AISON PHARMACY Facility Identification Number (FIN)..... 060 2089  
 Physical address:  
 Street..... TEGETA K/NDOM Ward..... WAZO District/Municipal..... KINDROONI Region..... DAR-ES-SALAAM

## A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..... DAVID LUKIMBO PIN..... 0101845 Phone..... 0690017771 / 0677595041  
 Address..... 30212 KIBAA MINDA Email..... hugesome@gmail.com

## A.3. REASON(S) FOR CHANGE

..... MUTUAL AGREEMENT AFTER END OF  
CONTRACT

Time frame of notification: (As per Contract)..... 30 days Signature..... [Signature] Date..... 01/09/2025

## A.4. OWNER'S DETAILS

Full Name..... ROSE CHENGO Phone Number..... 0714929922  
 Remarks.....  
 Signature..... Date..... 1/9/2025

## 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.