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) Oil Ho. 261)

	Changes to be Made Superintendent Other Pharmacoutical Personnel
A. TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWN OF THE PHARMACY.	
	A.1. DETAILS OF THE PHARMACY Name of the Pharmacy Use CA Facility Identification Number (FIN) 14
	Street Milaya Ward Utaga A District Municipal Mungur Region Mush
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL 27690/1558 Full Name Email Pin 0/03968 Phone
	A.3. REASON(s) FOR CHANGE between two partier
	Time frame of notification: (As per Contract) / Mon/T Signature FSID Date 12-1/- 2028
	A.4. OWNER'S DETAILS Full Name HANTO MHATI ATHUMM Phone Number 0712471456 / 07 Remarks MICHAEL 211 2025 Signature American Date 1711 2025
В	. 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
	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 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