



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: GENESIS GREEN Facility Identification Number (FIN): 0103511  
Physical address: Ward UUGA LED District/Municipal: APUSHA (J) Region: APUSHA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: BETUEL JULIAS MUSE PIN: 010833 Phone: 0621448050  
Address: P.O. Box 16612 ARUSHA Email: betuelmuse@gmail.com

A.3. REASON(S) FOR CHANGE

Changing of a residential region from Arusha to Moshi hereafter it will be difficult for me to be supervised when I am in different region from that a pharmacy is situated.  
Time frame of notification: (As per Contract) 30 days Signature: Betuel Date: 27/03/2025

A.4. OWNER'S DETAILS

Full Name: VERONICA V. MARIANO Phone Number: 0745433130  
Remarks: I agree with Mr. Betuel  
Signature: Betuel Date: 30 March 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.