



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..... GETA PHARMACY Facility Identification Number (FIN)..... 0300364
Physical address:
Street..... SOLO LA PHARMACY Ward..... KALANGA-ISA District/Municipal..... GETA Region..... GETA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..... ILIAN CHIEBO PIN..... 0101474 Phone..... 0765144653
Address..... BOX 384, GETA IC Email..... chibebian@gmail.com

A.3. REASON(S) FOR CHANGE

POOR COMMUNICATION WITH PROPRIETOR & UNABLE TO PAY ME FOR SEVEN (7) MONTHS.

Time frame of notification: (As per Contract) 30 days Signature..... Chiebo Date..... 7/02/2025

A.4. OWNER'S DETAILS

Full Name..... N. AMARONE MBOGO Phone Number..... 0715-58911
Remarks.....
Signature..... [Signature] Date..... 09/02/2025

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.