



THE UNITED REPUBLIC OF TANZANIA

PCF.17



MINISTRY OF HEALTH

PHARMACY COUNCIL

NOTICE FOR CHANGE OF MANAGEMENT OR PHARMACEUTICAL PERSONNEL OF A
PHARMACY

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: NICK AND MARY Facility Identification Number (FIN): 0101641
 Physical address:
 Street: _____ Ward: _____ District/Municipal: ARUSHA CBD Region: ARUSHA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: CHRISTIAN BERNARD MLAY PIN: 0100348 Phone: 0767 299 551
Address: P.O. Box 13003, ARUSHA Email: mlaychrstd29m11@yahoo.com

A.3. REASON(s) FOR CHANGE

A.3. REASON(S) FOR CHANGE THE PROPRIATOR IS SEEKING SERVICES FROM ANOTHER SUPERINTENDENT

Time frame of notification: (As per Contract) 31 DAYS Signature [Signature] Date 29/11/2023

A.4. OWNER'S DETAILS

Full Name: NICKSON MEDICAL MOUTH Phone Number: 0767 282042
Remarks: AS ABOVE
Signature: [Signature] Date: 29/11/2023

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: Noted
Full Name: FWICE W-SHO Designation: PHARMACIST Signature: [Signature] Date: 29/11/2023 - 01/02/2023

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.