



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 BUSSTAND Facility Identification Number (FIN) 010605
 Physical address:
 Street BUSSTAND Ward VIGAENI District/Municipal MTWARA Region MTWARA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name MARYAQUINIS FIDELIS LAMWA PIN 0102506 Phone 0685-818151
 Address Email

A.3. REASON(S) FOR CHANGE

END OF CONTRACT

Time frame of notification: (As per Contract) Signature Date 20/02/2025

A.4. OWNER'S DETAILS

Full Name PISMAS OGIAMIN MLELWA Phone Number 0784 688204
 Remarks
 Signature [Signature] Date 20/02/2025

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 - not attached
 (ii) Contract Agreement/MOU - not attached
 (iii) Commitment Letter - not attached

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.