



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL



PCF. 17

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 MINEIRI PHARMACY Facility Identification Number (FIN) 0300125  
Physical address: JAKAPAWA Ward SISIMBA District/Municipal MREYA Region MREYA  
Street .....

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name KEVIN MALETO PIN 0101561 Phone 0744839512  
Address ..... Email kevin.pharmacist@yahoo.com

A.3. REASON(S) FOR CHANGE

Relocating to Arusha  
Time frame of notification: (As per Contract) 1 month Signature ..... Date 27/3/24

A.4. OWNER'S DETAILS

Full Name KEVIN MALETO Phone Number 0744839512  
Remarks .....  
Signature ..... Date 27/3/24

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name ELISHA S. MWAKIBUNGA PIN 01013533 Phone Number 0745557788 Email elishasamson11@gmail.com  
Physical address: ..... Ward MWAKIBUNGA District/Municipal MREYA Region MREYA  
Street .....  
Details of Previous pharmacy:  
Name of Pharmacy MASHUWA PHARMACY FIN ..... District/Municipal ..... Region RUVUMA

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 .....  
Full Name .....

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.

HB: Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent.

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