



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... DOMIDA PHARMACY Facility Identification Number (FIN)... 0102163
Physical address:
Street... NGAMINI KATI STREET Ward... NGAMINI KATI District/Municipal... TANCHA CITY COUNCIL Region... TANCHA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name... SAMUEL GODFREY MHANDO PIN... 0102957 Phone... 0689290686
Address... EAC CLOSE HOUSE 3 Email... Samizy1956@gmail.com

A.3. REASON(S) FOR CHANGE

MOVED TO ARUSHA FROM TANCHA

Time frame of notification: (As per Contract) 3 months Signature... [Signature] Date... 31/10/2023

A.4. OWNER'S DETAILS

Full Name... JUSTICE MICHAEL - MWAAMBATHI Phone Number... 0787646432
Remarks... YES MR SAMUEL MHANDO HAVE MOVED TO ARUSHA. WE NEED TO
Signature... [Signature] Date... 31/10/2023 CHANGE ANOTHER PHARMACIST

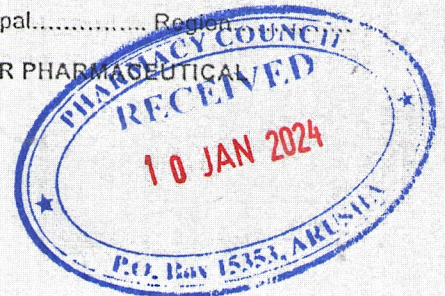
B. TO BE COMPLETED BY THE OWNER ONLY

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... As above
Full Name... Daniel K. Mhande Designation... Inter Pharmacist Signature... [Signature] Date... 10/01/2024

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.