THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH



PHARMACY COUNCIL

NOTIFICE 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. DEGMAL Physical address: Street. Ward Ward District/Municipal. A WITH TIT Region. Region.
	A.2, DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name Skindan Stto PIN 0103011 Phone 065349204 Address Email Shootbeendense gmay 600
	A.3. REASON(s) FOR CHANGE CHANGE OF MANAGEMENT FROM PHARMACY COUNCIL TO TIME frame of notification: (As per Contract) Signature Date 12/03/2025
	A.4. OWNER'S DETAILS Full Name HANDA ELLONA THINE (BRICH MINAPhone Number 0689522905) Remarks January Date 13/03/2021
В	. TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name PIN Phone Number Email Physical address: Street Vard District/Municipal Region Details of Previous pharmacy: Name of Pharmacy FIN District/Municipal Region
	B.2. QUALIFICATION DOCUMENTS C⊊ 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
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.