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 MONSEN PHARMACY. Facility Identification Number (FIN). OLOUZ42 Physical address: Street MREZI LOUIS Ward MISEZI LOIS Street MREZI LOUIS Ward MISEZI LOIS STREET MORE COMPO A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name. OSUIN SANGA PIN OLOGO Phone O713383502 Address BOX 3234 DSM Email OSWIN Sanga & Yakuo Com
	A.3. REASON(s) FOR CHANGE
	MUTUPL AGREEMENTS Time frame of notification: (As per Contract) MONTH Signature Date Z11912025'
	A.4. OWNER'S DETAILS Full Name DIFFAMA MUNSEN Phone Number + 474372637 Remarks Agreed: Signature Waven Date 21 8 2025
B. TO BE COMPLETED BY THE OWNER ONLY	
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL — LOULUL FUR NEW Full Name PIN Phone Number Suppose Medical Personnel Pin Phone Number 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
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.