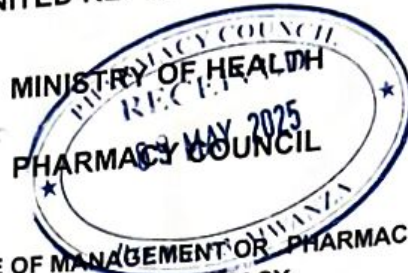


THE UNITED REPUBLIC OF TANZANIA



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: MAGASHI PHARMACY Facility Identification Number (FIN): 0103579
 Physical address: Mt. MIRENY Ward: BUHONGWA District/Municipal: NYAMAGARA Region: MWANZA
 Street: Mt. MIRENY

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: ELIA MARTIN PIN: 0100587 Phone: 0713209140
 Address: 132 MWANZA Email: eliamartin101@gmail.com

A.3. REASON(s) FOR CHANGE

MUTUAL CONTRACT TERMINATION

Time frame of notification: (As per Contract) 30 DAYS Signature: [Signature] Date: 05/05/2025

A.4. OWNER'S DETAILS

Full Name: PAUL MAGASHI MASUNGA Phone Number: 0752451345
 Remarks:
 Signature: Date:

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:
 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.