



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 MI. MARTIN WA PORES Facility Identification Number (FIN) 0102064
Physical address: NGARENARO Ward NGARENARO District/Municipal ARUSHA DC Region ARUSHA
Street NGARENARO

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name ESTER SAMUEL PIN 0102620 Phone 0716489192
Address P.O. BOX 2700 ARUSHA Email esterchambe93@gmail.com

A.3. REASON(S) FOR CHANGE

Failure to pay monthly allowance
Time frame of notification: (As per Contract) 30 Signature [Signature] Date 13/08/2024

A.4. OWNER'S DETAILS

Full Name Dr. ROBERT S. KARASIMU Phone Number 0787847639
Remarks We have agreed to terminate the contract.
Signature [Signature] Date 23-08-2024

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.