



THE UNITED REPUBLIC OF TANZANIA

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..... GMS PHARMACY Facility Identification Number (FIN)..... 0103578
Physical address:
Street..... SINONI Ward..... SINONI District/Municipal..... ARUSHA Region..... ARUSHA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..... JOSEPH JAMES KUAMBULACHO PIN..... 0103734 Phone..... 0744-850-620
Address..... P.O. BOX 413, ARUSHA Email..... josephkuja1240@gmail.com

A.3. REASON(s) FOR CHANGE

PAYMENT DISPUTE

Time frame of notification: (As per Contract) 30-DAYS Signature..... [Signature] Date..... 15-09-2025

A.4. OWNER'S DETAILS

Full Name..... GODLIZEN LUCAS MUSHI Phone Number..... 0625-697064
Remarks..... TERMINATION OF CONTRACT
Signature..... [Signature] Date..... 15-09-2025

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.