



## 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 SHUKURU PHARMACY Facility Identification Number (FIN) 0300551  
Physical address: Msimbazi Boko Ward BUNGU District/Municipal KINOMONI Region DAREUSARA  
Street Msimbazi Boko

**A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL**

Full Name TELESFORO ALPHINE WAMATA PIN 0103409 Phone 0762308858  
Address P.O. BOX 20 KINOMONI Email Wamata@pharmacycouncil.com

**A.3. REASON(S) FOR CHANGE**

RELOCATION TO ANOTHER REGION

Time frame of notification: (As per Contract) 30 days Signature [Signature] Date 05/02/2024

**A.4. OWNER'S DETAILS**

Full Name SHUKURU PHARMACY Phone Number 0715 054501  
Remarks MUTUAL AGREEMENT  
Signature [Signature] Date 5/2/24

**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.