



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..... MURRIET PHARMACY..... Facility Identification Number (FIN) 0101481
 Physical address:
 Street MOROMBO Ward SOKONI I District/Municipal ARUSHA Region ARUSHA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name HILARIA TUNU SANGWE PIN 0101947 Phone 0754771385
 Address 9581 ARUSHA Email hilari@sangwe@gmail.com

A.3. REASON(s) FOR CHANGE

TIMEHAMA KIKAZI

Time frame of notification: (As per Contract) 3 months Signature [Signature] Date 28/3/2025

A.4. OWNER'S DETAILS

Full Name NEEMA SAMUEL LAISE Phone Number 0756508923
 Remarks EX-NZURI
 Signature [Signature] Date 28/3/2025

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:

..... of another superintendent/ Other Pharmaceutical Personnel within the mentioned time