



## 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 VIFEX PHARMACY Facility Identification Number (FIN) 0102225  
 Physical address: BARABARA/BAHARI Ward TEGETA District/Municipal KINONDONI Region DAR-ES-SALAAM

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

Full Name JOSEPH BONIPHACE PIN 0103607 Phone 0763978299  
 Address BOKO-DAR-ES-SALAAM Email kihilepharmacist94@gmail.com

## A.3. REASON(s) FOR CHANGE

CHANGE OF RESIDENCE FROM DAR-ES-SALAAM TO DODOMA  
 Time frame of notification: (As per Contract) one month Signature Bu Date 20/09/2024

## A.4. OWNER'S DETAILS

Full Name ANNAVIVIAN ALFAN Phone Number 0615 753848  
 Remarks A. ALFAN  
 Signature A. ALFAN Date 20/09/2024

## 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.