



## 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: Lala Kinyerezi complex pharmacy Facility Identification Number (FIN) 0102512  
 Physical address:  
 Street: Mnembwe Ward: Kinyerezi District/Municipal: Lala Region: Dar Es Salaam

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

Full Name: BARAKA SAMBAM NDAMBO PIN 0102364 Phone 0754410967, 0699303616  
 Address: P.O. Box 1007 Email: ndambobarak@gmail.com

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

End of Contract time frameTime frame of notification: (As per Contract) 1-month Signature: [Signature] Date: 05/03/2024

## A.4. OWNER'S DETAILS

Full Name: SILVESTER ANDREW MACHYA Phone Number: 0718453695  
 Remarks: VERY GOOD AND CO-OPERATIVE  
 Signature: [Signature] Date: 6/March/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.