



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

PCF. 17



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. 167)

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... ZUNGUU PHARMACY... Facility Identification Number (FIN)... 0102831
Physical address:
Street... ZUNGUU, Ward... UHAMIAI, District/Municipal... TANZA MJI, Region... TANZA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name... HANU ALWAKE MUSA... PIN... 0102790... Phone... 0768050016
Address... Email... hanu.musa@gmail.com

A.3. REASON(S) FOR CHANGE

Go to the proprietor has decided to shut down the business.

Time frame of notification: (As per Contract) No time frame Signature... HANU Date... 1/03/2025

A.4. OWNER'S DETAILS

Full Name... L.M.I. N.ICO JUMA NOKHA... Phone Number... 0754775523 & 0684-115583
Remarks... I have decided to shut down the business
Signature... Date... 1/03/2025

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.