



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. 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: TIBALYAKUMALA (TK) Facility Identification Number (FIN): 0101870
Physical address:
Street: MAGADIRISHO Ward: USA RIVER District/Municipal: ARUMERY Region: ARUSHA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: SHABILI LACTON MWANTAJE PIN: 0103658 Phone: 0742238238
Address: ARUSHA Email: mwantajeshabili@gmail.com

A.3. REASON(S) FOR CHANGE

Delay in payment without any justifiable cause (Breach of Contract), Proprietor
interferes with the performance of professional matter in the Pharmacy and causes non
performance of the professional services in the pharmacy.
Time frame of notification: (As per Contract) 30 DAYS Signature: [Signature] Date: 10/12/2024

A.4. OWNER'S DETAILS

Full Name: STANLEY E. KIFANKU Phone Number: 0762901119
Remarks: Superintendent has lacked patience
Signature: [Signature] Date: 10/12/2024

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.