



## 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... VSBS PHARMACY ..... Facility Identification Number (FIN)... 0103335  
 Physical address:  
 Street... KINGIARI B ..... Ward... SOWETO ..... District/Municipal... UBUNGO ..... Region... DAR-ES-SALAAM.

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

Full Name... ANITHA ANTHONY GRATIAN ..... PIN... 0103768 ..... Phone... 0752012219  
 Address... MSISIRI A KINONDONI ..... Email... anithaanthony199@gmail.com.

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

DELAYED PAYMENT FOR CONSECUTIVE TWO MONTHS APRIL & MAY  
THE PHARMACY IS UNDER PERFORMING SO PROPRIETOR CAN NOT AFFORD.

Time frame of notification: (As per Contract) 30 Days ..... Signature... KAT ..... Date... 01/06/25

## A.4. OWNER'S DETAILS

Full Name... VIOLETH ABEL NYANYA ..... Phone Number... 0716-582342  
 Remarks.....  
 Signature... Abel ..... Date... 14.06.25

## 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.