



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..... PARA PHARMACY ..... Facility Identification Number (FIN)..... 0100996  
Physical address:  
Street..... UBUNGO - RISUWA ..... Ward..... UBUNGO ..... District/Municipal..... UBUNGO ..... Region..... DAR ES SALAM

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

Full Name..... RAHEL HAMIS ..... PIN..... 0103711 ..... Phone..... 0744231518  
Address..... P.O. Box 65000 - DAR ES SALAM ..... Email..... rahelhamis23@gmail.com

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

..... Disagreement on payments .....

Time frame of notification: (As per Contract)..... 30 days ..... Signature..... Rahel ..... Date..... 5/12/2024

**A.4. OWNER'S DETAILS**

Full Name..... PAIMA KHALFAN KHEIR ..... Phone Number..... 0713797426  
Remarks.....  
Signature..... [Signature] ..... Date..... 5/12/2024

**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.