PCF. 17

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

NOTIFICE 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: CONZAGA PHARMACY Facility Identification Number (FIN): 01 03457

Physical address:

Street: NYAKAGA Ward: NYAKAHURA District/Municipal: KAHAMA Region: SHINYANGA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: SULEIMAN GIDEON PIN: C1.D.2931 Phone: 0620777275

Address: P.O. BOX 593, KAHAMA Email:

A.3. REASON(s) FOR CHANGE FAILED TO PAY MONTHLY SALARY TO SUPERINTENDENT FOR DURATION OF 3 MONTHS.

Time frame of notification: (As per Contract) 1 month Signature: [signature] Date: 12/09/2025

A.4. OWNER'S DETAILS

Full Name: ANGELE B GIMAS Phone Number: 0688 363822

Remarks: Owner

Signature: [signature] Date: 12/9/2025

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.