



## 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 BIOPHUS PHARMACY Facility Identification Number (FIN) 0100074  
Physical address:  
Street KIBANGU Ward KISIWANI District/Municipal UBUNGO Region DSM.

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

Full Name DEBBE MABANZA PIN 0103377 Phone 0716193683  
Address KIBADA KUBUNGO Email bern200@gmail.com

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

would like to go somewhere else that is near to my residence

Time frame of notification: (As per Contract) 30 Signature U Date 9/3/2025

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

Full Name EUGEN RENALD EWALD Phone Number 0687-790569  
Remarks His request is accepted.  
Signature [Signature] Date 09th March, 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.