

THE UNITED REPUBLIC OF TANZANIA

PCF. 17

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
Δ	Name of the Pharmacy ALL SANT PHARMACY Physical address: Street 1245 15 Minol March Ward March March Ward March M
	A.2. DETAILS OF SHPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name 1. N. JAJI N KUSEFURD PIN 14020 48 Phone 0622930653 Address Dogge 38 I LBIA Email 1 Mass 448 gmal com
	A.3. REASON(s) FOR CHANGE
	Time frame of notification: (As per Contract) 1 Month Signature 3 Date 26/8/2025
	A.4. OWNER'S DETAILS Full Name. PRIVATUS AUDAX MLOKOZI. Phone Number. D748 860 404 Remarks
B.	TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name Pln 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
	RecommendationsDesignationSignatureDate
	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.