## 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
Δ	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. LIFEWSU. PHAPMACY. Facility Identification Number (FIN).010.3.10.3.
	Street KIBADA Ward KIGAMBON District/Municipal KIGAMBON Region DAR-EC-SACAAN
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL  Full Name. JONIAL PASTORY JUSTIM PIN OU 07477 Phone 0 621149297  Address. MBEZI Email JONIAL JUSTIM SOM
	A.3. REASON(s) FOR CHANGE Relocation
	Time frame of notification: (As per Contract) 1 month Signature Dustus Date 1007/2025
	A.4. OWNER'S DETAILS Full Name. BENIVENTO NZOTA Phone Number. D.6.8.5619955 Remarks Signature
В.	TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL
	Full NameEmailEmail
	Physical address: Street
	Name of Pharmacy
	<ul> <li>B.2. QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL (To be attached)</li> <li>(i) Copies of registration certificate and valid license to practice</li> <li>(ii) Contract Agreement/MOU</li> </ul>
	(iii) Commitment Letter
C.	FOR OFFICIAL USE ONLY
	INSPECTION/REGISTRATION OR ZONAL OFFICE
	Recommendations
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.