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.
	Name of the Pharmacy NAT N PHARMACY Facility Identification Number (FIN)
	Physical address: Street. Nylogezi. Sokoni. Ward. NYEGEZI. District/Municipal NYAMAGANA. Region. MWANZA
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name VERDNICA MEUNGA PIN 0405082 Phone 0752521757 Address PAMBA MWANZA Email Myunga Nero 960 gmail Com
	A.3. REASON(s) FOR CHANGE CLOSURE OF PHARMACY
	Time frame of notification: (As per Contract) ONE MONTH Signature Defunda Date 11/7/2025
	A.4. OWNER'S DETAILS Full Name GODPLEY CARWI MESSANGA Phone Number 0769435600 Remarks RECEIVED Signature G. Messang Date 11/7/1015
В.	TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL
	Full Name
	Street
	Name of Pharmacy
	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
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.