



## MINISTRY OF HEALTH

## PHARMACY COUNCIL

## NOTICE 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 MIKULUNI PHARMACY Facility Identification Number (FIN) 0100896  
Physical address: Street MIKULUNI Ward MIKULUNI District/Municipal NYAMAGANA Region MWANZA

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

Full Name EDWARD S MAGILEWANYA PIN 0100264 Phone 0786997299  
Address 914 DODOMA Email eddomagele@gmail.com

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

REDUCE RESPONSIBILITIESTime frame of notification: (As per Contract) THREE MONTHS Signature [Signature] Date 21/03/2025

## A.4. OWNER'S DETAILS

Full Name EDWARD S MAGILEWANYA Phone Number 0786997299  
Remarks FINDING ANOTHER SUPERINTENDENT  
Signature [Signature] Date 21/03/2025

## B. TO BE COMPLETED BY THE OWNER ONLY

## B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name \_\_\_\_\_ PIN \_\_\_\_\_ Phone Number \_\_\_\_\_  
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.

