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. MEDGREEN PHARMACY ..... Facility Identification Number (FIN). 0300480

Physical address:

Street. NAMANGA ..... Ward. KAHAMA MJINI ..... District/Municipal. KAHAMA ..... Region. SHINYANGA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name. MARTIN ROBERT PONERA ..... PIN. 0402709 ..... Phone. 0764707545

Address. P.O. Box 114 SONGEA - RUVUMA ..... Email. martinrobert488@gmail.com

A.3. REASON(s) FOR CHANGE Change of residence

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Time frame of notification: (As per Contract) one month ..... Signature. ..... Date. 20/09/2025

A.4. OWNER'S DETAILS

Full Name. PIUS CHARLES TIBILO ..... Phone Number. 0764545298

Remarks. We agree each other

Signature. P. Tibilo ..... Date. 20/09/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name MEKI J. KIHINGE ..... PIN 0409523 Phone Number 0744284582 Email. KIHINGAMEKI@gmail.com

Physical address:

Street. NAMANGA ..... Ward. KAHAMA MJINI District/Municipal. KAHAMA ..... Region. SHINYANGA

Details of Previous pharmacy:

Name of Pharmacy MEDGREEN PHARMACY ..... FIN 0300480 District/Municipal KAHAMA Region. SHINYANGA

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.