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 franch pharmacy Facility Identification Number (FIN) 0103607 Physical address: Street Kimuni Ward Or Kesnment District/Municipal Smanjin Region Manyan
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name ALFRED MASELE PIN 0405728 Phone 0 762467274 Address Email affedmatele o Egmail. Com
	A.3. REASON(s) FOR CHANGE Family Psices
	Time frame of notification: (As per Contract) 30 days Signature Musch! Date 07/10/2025
	A.4. OWNER'S DETAILS Full Name MORFIEL SWEETBERT MIARIMO Phone Number 0766663392 Remarks Date 0.1.10.2200
8.	TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name
	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. 1	FOR OFFICIAL USE ONLY
data	NSPECTION/REGISTRATION OR ZONAL OFFICE
-	Recommendations
F	NOTE; Failure to acquire the services of another superintendent/ Other Pharmaceutical Personnel within the mentioned time rame, shall lead to immediate closure of the premises as per Section 43 of the Pharmacy Act Cap 311.
	IB: Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent.