PCF. 17

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 MAJA PHARMACY Facility Identification Number (FIN) 0103331

Physical address:

Street BUZURUGA Ward NYAKATO District/Municipal ILEMELA Region MWANZA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name ELISHA ELIAH MEEVA PIN 0103572 Phone 0751430210

Address Buzuruga, Ilemela - MWANZA Email elisheliah2@gmail.com

A.3. REASON(s) FOR CHANGE

FAILURE OF PAYMENT FOR TWO MONTHS

Time frame of notification: (As per Contract) One Month Signature [signature] Date 10.02.2025

A.4. OWNER'S DETAILS

Full Name Magabilo Sylemaya Phone Number 0764665926

Remarks Allow him to transfer to the pharmacy

Signature M. Selemani Date 10/02/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name ..... PIN ..... Phone Number ..... Email .....

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.

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A.1. DETAILS OF THE PHARMACY

Name of the Pharmacy MAJA PHARMACY Facility Identification Number (FIN) 0103331

Physical address:
Street BUZURUGA Ward NYAKATO District/Municipal ILEMELA Region MWANZA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name ELISHA ELIAH MEENA PIN 0103572 Phone 0757430210
Address Buzuruga, Ilemela - Mwanza Email elishaeliah99@gmail.com

A.3. REASON(s) FOR CHANGE

FAILURE OF PAYMENT FOR TWO MONTHS.

Time frame of notification: (As per Contract) One Month Signature [signature] Date 10.02.2025

A.4. OWNER'S DETAILS

Full Name..... Phone Number.....
Remarks.....
Signature..... Date.....

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name ..... PIN..... Phone Number..... Email.....
Physical address:
Street..... Ward..... District/Municipal..... Region.....
Details of Previous pharmacy:
Name of Pharmacy..... FIN..... District/Municipal..... Region.....

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