

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: LORITA PHARMACY Facility Identification Number (FIN): 0103703

Physical address:

Street: MB21 LUIS Ward: MB21 District/Municipal: UBUNGO Region: DAR-ES-SALAAM

Full Name:

MELINA ABRATHAM 0104006 PIN 0788212151

Address:

Makumbusi Malingabachem2019@gmail.com

A.3. REASON(S) FOR CHANGE

RELOCATING TO ANOTHER REGION

Time frame of notification: (As per Contract) 30 days

Signature: M. B. Date: 24/11/2025

A.4. OWNER'S DETAILS

Full Name: Issack Issa Phone Number: 0679500302

Remarks: Signature: Date: 24/11/2025

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.

