



THE UNITED REPUBLIC OF TANZANIA

PCF. 17



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..... PHINA PHARMACY..... Facility Identification Number (FIN)..... 0103049  
Physical address:  
Street..... MADARU Ward..... WAZO District/Municipal..... KINNDONI Region..... DAR-ES-SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..... HAPPINESS ELINAM MONGI PIN..... 0103476 Phone..... 0683980903  
Address..... BOX 23086 DSM Email..... misshappy.mongi@gmail.com

A.3. REASON(S) FOR CHANGE

Consecutively/ Constant Delay of Payment for months

Time frame of notification: (As per Contract) 1 Month Signature..... Date 13<sup>th</sup> March, 2025

A.4. OWNER'S DETAILS

Full Name..... DELPHINA MICHAEL MTEY Phone Number..... 0746788145  
Remarks.....  
Signature..... Date 13<sup>th</sup> March, 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.