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..KIANGNINGE PHARMACY..Facility Identification Number (FIN)..010 74 26

Physical address:

Street..MIKOCHENI..Ward..MIKOCHENI..District/Municipal..KINONDONI..Region..DAR-ES-SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..SUZAN KAZIMILY GENGA..PIN..010 3663..Phone..0786312599

Address..SEGEREA, ILALA, DAR-ES-SALAAM..Email..suzykazimili@gmail.com

A.3. REASON(s) FOR CHANGE

(i) Pharmacy Premise is Under reconstruction and Contract has expired since 30th September 2025, both Parties agreed not to renew.

Time frame of notification: (As per Contract) ...7 days.....Signature..Kazimili..Date..21/10/2025

A.4. OWNER'S DETAILS

Full Name..EDIMUND MAGESA..Phone Number..0748136698

Remarks..AGREED

Signature..M..... Date..22/10/2025

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.