



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL



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..... AUCAN PHARMACY Facility Identification Number (FIN)..... 0102449
 Physical address:
 Street..... 20KAM Ward..... KIBADA District/Municipal..... KIGAMBOI Region..... DSM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..... ERIC JOHN PROSPER PIN..... 0103251 Phone..... 0788 964908
 Address..... P.O. BOX 374, CHAMBA Email..... ericjohnprosp@ gmail.com

A.3. REASON(S) FOR CHANGE

① Due to End of contract with proprietor.
 ② The pharmacist wants to open & start his own pharmacy.

Time frame of notification: (As per Contract) 30 day Signature..... [Signature] Date..... 04-05-25

A.4. OWNER'S DETAILS

Full Name..... RUBENABOMU PROMISE Phone Number..... 0627 930309
 Remarks..... SALE
 Signature..... [Signature] Date..... 03/05/2025

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.