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..LEILA PHARMACY.....Facility Identification Number (FIN)..0108724

Physical address:

Street..MSOLOMI...Ward..MWANYAMALA...District/Municipal..KINONDONI..Region..DSM

**A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL**

Full Name..HADIJA AMIN ONARY.....PIN..0100724..Phone..0764692804

Address..DSM.....Email..Amahadija4@gmail.com.....

**A.3. REASON(s) FOR CHANGE**

.....Reallocation of a superintendent pharmacist to another region.....

Time frame of notification: (As per Contract) ..One month..Signature..[signature]..Date..18-03-2025

**A.4. OWNER'S DETAILS**

Full Name..RICHARD CHILE MAKOMA.....Phone Number..0762111227

Remarks..I have started looking for a replacement.....

Signature..[signature]..... Date..18/3/2025

**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.