



THE UNITED REPUBLIC OF TANZANIA

PCF. 17



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... LEILA PHARMACY Facility Identification Number (FIN)... 0102724
Physical address: Street... M.SLOM Ward... MWANANYAMLA District/Municipal... KINNDONI Region... DSM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name... HADITA AMIN OMARY PIN... 0100724 Phone... 0764692804
Address... DSM Email... Amahadijo4@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... Getachew Chelso Mwanika Phone Number... 0762114227
Remarks... I have started looking for a replacement.
Signature... [Signature] Date... 12/3/2025

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

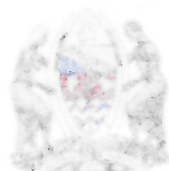
INSPECTION/REGISTRATION OR ZONAL OFFICE

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.



NOTICE FOR CHANGE OF MANAGEMENT OR PHARMACEUTICAL PERSONNEL OF A PHARMACY

(Regulation 17(1) of The Pharmacy (Practice and the Conduct of Business of Pharmacy) Ordinance No. 167)

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: ELIA PHARMACY
Physical address: Plot 10, P.O. Box 10, Mwanikya, Dar es Salaam
Street: Plot 10, P.O. Box 10, Mwanikya, Dar es Salaam

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL
Full Name: Dr. A. M. Mwanikya
PIN: 123456789
Address: Plot 10, P.O. Box 10, Mwanikya, Dar es Salaam
Email: dr.mwanikya@gmail.com

A.3. REASON(S) FOR CHANGE

Dr. A. M. Mwanikya has been appointed to another position and is leaving the pharmacy.
Date: 18-03-2022

A.4. OWNER DETAILS
Full Name: Dr. A. M. Mwanikya
PIN: 123456789
Address: Plot 10, P.O. Box 10, Mwanikya, Dar es Salaam
Signature: Dr. A. M. Mwanikya

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL
Full Name: Dr. A. M. Mwanikya
PIN: 123456789
Physical address: Plot 10, P.O. Box 10, Mwanikya, Dar es Salaam
Street: Plot 10, P.O. Box 10, Mwanikya, Dar es Salaam
Ward: Mwanikya
District/Municipal: Dar es Salaam
Region: Dar es Salaam
Name of Pharmacy: ELIA PHARMACY
PIN: 123456789
District/Municipal: Dar es Salaam
Region: Dar es Salaam

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/LOU
- (iii) Commitment Letter

C. FOR OFFICIAL USE ONLY

INSPECTION/REGISTRATION OR ZONAL OFFICE

Recommendations: Approved
Full Name: Dr. A. M. Mwanikya
Signature: Dr. A. M. Mwanikya
Date: 18-03-2022

D. NOTE:

Failure to comply with the provisions of this regulation may result in the pharmacy being closed for a period of time. The pharmacy owner is responsible for ensuring that the pharmacy is in compliance with the provisions of this regulation.

NB: Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent.