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 NATAFADY PHARMACY Facility Identification Number (FIN) 0103612

Physical address:

Street KISWAHILINI Ward MURIET District/Municipal ARUSHA JIJI Region ARUSHA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name BAKARI BAHOZI PIN 0103003 Phone 0759297136

Address P.O. BOX 3092 Email bakaribahozi.mage@gmail.com

A.3. REASON(s) FOR CHANGE

MUTUAL AGREEMENT

Time frame of notification: (As per Contract) 30days Signature [signature] Date 11/11/25

A.4. OWNER'S DETAILS

Full Name ..... Phone Number .....

Remarks .....

Signature ..... Date .....

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.

Bakari Balozi,
S.L.P 3092,
ARUSHA.
01.11.2025.
0759297136.

Mrajili,
Baraza La Famasi,
S.L.P 1277,
DODOMA.

Ndg:
YAH: KUSITISHA MKATABA WA KUSIMAMIA FAMASI YA NATAFADY.

Husika na kichwa tajwa hapo juu.

Mimi mfamasia Bakari Balozi, Msimamizi wa Famasi ya natafady iliyopo Wilayani Arusha Jiji, Ninaomba ridhaa ya baraza niondolewe katika usimamizi wa Famasi tajwa hapo juu, hii ni kutokana na makubaliano ya pande mbili

Hata hivyo nimemtaharifu Bi. Joharia Matanga, mmiliki wa Famasi hiyo tangu tarehe 30.10.2025, kuwa atafute mfamasia mwingine, na kwamba ifikapo tarehe 30/11/2025, anatakiwa kuwa na mfamasia mwingine. Lakini katika hali isiyotajwa hakunipa ushirikiano wa kusaini fomu maalumu ya kubadilisha msimamizi na hivyo, kupelekea mimi kuituma Baraza bila sahihi ya mmiliki na tarehe aliyosaini.

Kwa barua hii, naomba mnisaidie kutolewa katika mfumo sambamba na yeye kusajiliwa na awapatie mfamasia mwingine.

Wako katika ujenzi wa taifa,

Bakari Balozi.