# 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)

	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. THO B.I PHARMACY. Facility Identification Number (FIN). 0102633  Physical address: Street. KANCI A. Ward. KINYEREZI District/Municipal. LLALA Region. DAR ESANDAM.  A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name ELIZABETH. BURTON MUNAHOEMEP PIN. 0103967. Phone. 0712075830  Address. KIMARA . Email. elizabell burn. 1979@ gmail. Com  A.3. REASON(s) FOR CHANGE
	CHANGE OF WORK PLACE
	Time frame of notification: (As per Contract) ONE Monte of Date 09/09/2025
	A.4. OWNER'S DETAILS Full Name The bios Laurer Phone Number 0757196862 0674946774 Remarks Signature # Date 09/09/2025
B	. TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL  Full Name
	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
	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.