



## 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 HISAJE PHARMACY Facility Identification Number (FIN) 0100146

Physical address:

Street..... Ward Boko Duya District/Municipal KINDONDONI Region DARES-SALAM

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

Full Name MATRONA O. COSTANTINI PIN 0101832 Phone 0717147290Address P.O. Box 11, KILIMANJARO-ROMBO Email Shirmamashura@gmail.com

## A.3. REASON(S) FOR CHANGE

CHANGE OF AREA OF EXPERTISE (JOB) FROM DAR- TO TANGA.Time frame of notification: (As per Contract) 3 MONTHS Signature [Signature] Date 02/02/2025

## A.4. OWNER'S DETAILS

Full Name JUBILATE S. NKYA Phone Number 0754260202

Remarks.....

Signature [Signature] Date 3rd Feb. 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.