



## THE UNITED REPUBLIC OF TANZANIA

## 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.....GS-Chem.....Facility Identification Number (FIN).....0100347.....  
 Physical address:  
 Street.....Ward.....District/Municipal.....KINONDONI.....Region.....DAR ES SALAAM.....

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

Full Name.....Amani Thomas Mori.....PIN.....0100823.....Phone.....0715585133.....  
 Address.....P.O. Box 68265.....Email.....pax\_amani@yahoo.com.....

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

Lack of time to perform my duties

Time frame of notification: (As per Contract).....1 month.....Signature.....*Amani Thomas Mori*.....Date.....04.09.2025.....

## A.4. OWNER'S DETAILS

Full Name.....Shiloo Paul Msuya.....Phone Number.....0754483619.....  
 Remarks.....I will make sure I find a new superintendant and notify the council within the time frame above.....  
 Signature.....*B. Ya*.....Date.....04.09.2025.....

## 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.