

## 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
	TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER OF THE PHARMACY.  A.1. DETAILS OF THE PHARMACY  Name of the Pharmacy. KIMERE PHARMACY  Physical address:  Facility Identification Number (FIN). 0103219
	Physical address: Street. MINGOI Ward KUOP KIBOSHA District/Municipal BAGAMOYO Region. PWAN
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name FATUMA K MNYAZI PIN 0405/87 Phone 0785414560 Address P.O. BOX 11075 DA8-ES-SAMEmail Fetumannyazi 1998@amaul.co.
	A.3. REASON(s) FOR CHANGE Mutual agreement
	Time frame of notification: (As per Contract) 30 days Signature 1910492 Date 0109 2025
	A.4. OWNER'S DETAILS Full Name. CAREEN EMMANUEL MPANDEPhone Number. 0672070000 Remarks. 06 Signature. Date 01/09/2035
B. TO BE COMPLETED BY THE OWNER ONLY	
F F S	3.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name
	3.2. 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. F	OR OFFICIAL USE ONLY
IN	NSPECTION/REGISTRATION OR ZONAL OFFICE
R	lecommendations
D. N	OTE; ailure to acquire the services of another superintendent/ Other Pharmaceutical Personnel within the mentioned time ame, 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.