



THE UNITED REPUBLIC OF TANZANIA

PCF. 17



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.....OTACHO 2 PHARMACY.....Facility Identification Number (FIN).....0101345
Physical address:
Street.....Levolosi.....Ward.....Levolosi.....District/Municipal.....ARUSHA CITY.....Region.....ARUSHA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name.....NICETAS SIMON BEN GOLE.....PIN.....0101131.....Phone.....0762191179
Address.....P.O. Box 16193 ARUSHA.....Email.....nicetassimon@gmail.com

A.3. REASON(s) FOR CHANGE

FAILURE TO PAY MONTHLY ALLOWANCES
AND ITS END OF ANNUAL CONTRACT

Time frame of notification: (As per Contract).....30 days.....Signature.....[Signature].....Date.....30/6/2024

A.4. OWNER'S DETAILS

Full Name.....OTACHO GODWIN NGERE.....Phone Number.....0787 739393
Remarks.....ITS OK
Signature.....[Signature].....Date.....4/7/24

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.