



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. 257)

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 NEW ZED PHARMACY Facility Identification Number (FIN) 0300316
Physical address Street NKWENDA Ward NKWENDA District/Municipal KYERWA Region KAGERA.

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL
Full Name ZUPARI SPID MWINDRY PIN 0101921 Phone 0614924353
Address NKWENDA KYERWA Email Zmwindry@gmail.com

A.3. REASON(S) FOR CHANGE
KUTIKA KWA MKATABA, IIIVYO BASI SITOEENDELEA NA MKATABA
MPYA BAADA YA KUMALIZIKA KWA MKATABA WA AWALI.
30 MAYE Signature [Signature] Date 10/07/2025

Time frame of notification (As per Contract)

A.4. OWNER'S DETAILS

Full Name SALVATORE SORHA
Remarks KUTIKWA MKATABA WA KUMALIZIKA
Signature SORHA Date 10-07-2025
Phone Number 0765140966

NEW ZED PHARMACY
P.O. Box 574
KARAGWE

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name _____ PIN _____ Phone Number _____ Email _____
Physical address _____ District/Municipal _____ Region _____
Street _____ Ward _____
Details of Previous pharmacy _____ FIN _____ District/Municipal _____ Region _____
Name of Pharmacy _____

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 _____ Designation _____ Signature _____ Date _____
Full Name _____

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