



## 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 WAMA PHARMACY Facility Identification Number (FIN).....  
Physical address: MAJENGO Ward MAJENGO District/Municipal KAHAMA Region SHINYANGA  
Street.....

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

Full Name EMMANUEL D. MAGELEJA PIN 101669 Phone 0757966987  
Address BOX 472, KAHAMA Email mageleja@gmail.com

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

PROPRIETOR FAILED TO MAKE PAYMENT FOR THREE MONTHS WITHOUT ANY COMMUNICATIONS.

Time frame of notification: (As per Contract) 30/06/2025 Signature [Signature] Date 13/06/2025

##### A.4. OWNER'S DETAILS

Full Name JOSEPH G. OMAHE Phone Number 0752796551  
Remarks.....  
Signature..... Date 13/06/2025

#### 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