



## 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 SHAMIM PHARMACY Facility Identification Number (FIN) 0100339  
 Physical address:  
 Street..... Ward MAKUMBUSHO District/Municipal KINONDONI Region DSM

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

Full Name ISAACK J. MSANGWA PIN 0103047 Phone 0763477009  
 Address DSM Email .....

A.3. REASON(s) FOR CHANGE Relocation of the Superintendent to another region.

Time frame of notification: (As per Contract) 30 DAYS Signature J. Msangwa Date 1/7/25

## A.4. OWNER'S DETAILS

Full Name MURRAY MATHAN Phone Number 0713521971  
 Remarks.....  
 Signature [Signature] Date.....

## B. TO BE COMPLETED BY THE OWNER ONLY

## B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name ERICK AUGUSTINO MUKA PIN 0102746 Phone Number 0766446779 Email minjaeride7@gmail.com  
 Physical address:  
 Street..... Ward M/MAMALA District/Municipal KINONDONI Region DSM  
 Details of Previous pharmacy:  
 Name of Pharmacy SMARTS PHARMACY FIN 0103299 District/Municipal KINONDONI Region DSM

## 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.