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
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. NYAMILAN GAND Facility Identification Number (FIN). 0103380
Physical address: Street Nundy Ward Mecco District/Municipal ILEMELA Region MWAN2A
A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name
A.3. REASON(s) FOR CHANGE Twant to open my own retail pharmacy
Time frame of notification: (As per Contract) 1 month Signature Date 5th November, 2025
A.4. OWNER'S DETAILS Full Name Kulwa Pastory Chemka Phone Number 074838058 Remarks Astread to his equest. Signature Date 05/110v 2025
TO BE COMPLETED BY THE OWNER ONLY
B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL
Full Name
Physical address: Street
Details of Previous pharmacy: 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
FOR OFFICIAL USE ONLY
NSPECTION/REGISTRATION OR ZONAL OFFICE
Recommendations
IOTE; Failure to acquire the services of another superintendent/ Other Pharmaceutical Personnel within the mentioned time rame, shall lead to immediate closure of the premises as per Section 43 of the Pharmacy Act Cap 311.

IB: Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent.