



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..... LINDIMA Facility Identification Number (FIN)..... 0103201
Physical address:
Street..... MWAMPONO Ward..... ILOMBA District/Municipal..... NBEYA CC Region..... NBEYA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..... PIN Phone.....
Address..... Email.....

A.3. REASON(s) FOR CHANGE

.....
ASSIGNMENT OF NEW SUPERINTENDENT
.....

Time frame of notification: (As per Contract) Signature..... Date.....

A.4. OWNER'S DETAILS

Full Name..... DANIEL JAMES MWAMAKOMBE Phone Number..... 0784 018 945
Remarks.....
Signature..... [Signature] Date..... 8/10/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name..... JANETH JOHN PIN..... 0102124 Phone Number..... 0766581731 Email..... Janeth3765@gmail.com
Physical address:
Street..... SISIMBA Ward..... SISIMBA District/Municipal..... NBEYA CC Region..... NBEYA
Details of Previous pharmacy:
Name of Pharmacy..... GEORGE FIN..... 0101663 District/Municipal..... NBEYA CC Region..... NBEYA

**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.