

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 EFRAN PHARMACY Equilibria 1994-651
	Street LIVING STONE NARYWOOMBE KARIAKOO District/Municipal LALA Region DAR-ES-SALAAM
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name RAYYAN AMOUR SULFIMAN PIN 0404304 Phone 0774061290 Address KIGIAMBONI - KIBADA Email Suleiman royy 912 @gmail Com
	A.3. REASON(s) FOR CHANGE
	Parmanerfly closed.
	Time frame of notification: (As per Contract)
	A.4. OWNER'S DETAILS Full Name SARA CHARLES SHATO Phone Number 07 13 G8 40 63 Remarks Signature Date 25 (3) 2025
В.	TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL
	Full Name
	Street
	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
3.	FOR OFFICIAL USE ONLY
	NSPECTION/REGISTRATION OR ZONAL OFFICE
	Recommendations
).	NOTE; Failure to acquire the services of another superintendent/ Other Pharmaceutical Personnel within the mentioned time
1	rame, 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.