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: Jouz Pharmacy Facility Identification Number (FIN): 0103779

Physical address: 24554

Street: TABATA Ward: MAJI CHUMVI District/Municipal: ILALA Region: DSM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: MWAJUMA KHAMIS PIN: 0102520 Phone: 0682646964

Address: DSM Email: Zo.mwajuma070@gmail.com

A.3. REASON(s) FOR CHANGE

FAILURE OF PAYMENT

Time frame of notification: (As per Contract) 12 months Signature: [signature] Date: 18/11/2025

A.4. OWNER'S DETAILS

Full Name: INNOCENT JULIAS KIBOGA Phone Number: 0676016565

Remarks:

Signature: Date: 18-11-2025

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.

MWAJUMA KHAMIS

MFAMASIA

S.L.P 40923

DAR

Email: zomwajuma07@gmail.com

MENEJA

PHARMACY COUNCIL

S.L.P

DAR

YAH: KUSITISHA KUSIMAMIA JOULZ PHARMACY

Husika na somo tajwa hapo juu

Mimi Mwajuma Khamis ni mfamasia mwenya PIN no 0102520, nasitisha kusimamia na kufanya shughuli za Jouz pharmacy FIN no 0103779 kuanzia tarehe 18th November 2025.

Mmiliki amegoma kusaini termination letter

Nawasilisha

MWAJUMA KHAMIS

MFAMASIA