



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

PCF. 17



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 TUMAINI PHARMACY Facility Identification Number (FIN) 0100890
Physical address:
Street SOWETO Ward Ruwanda District/Municipal Mbeya Region Mbeya

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name MS. M. M. M. M. PIN 0101561 Phone 0956678707
Address Ms. M. M. M. M. Email ms.m.m.m.m@gmail.com

A.3. REASON(S) FOR CHANGE

Time frame of notification: (As per Contract) 7 Days Signature MS. M. M. M. M. Date 12/11/2024

A.4. OWNER'S DETAILS

Full Name MS. M. M. M. M. Phone Number 0956678707
Remarks MS. M. M. M. M.
Signature MS. M. M. M. M. Date 12/11/2024

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name KEVIN MALETO PIN 0101561 Phone Number 0744839512 Email kevin0213@gmail.com
Physical address:
Street Ms. M. M. M. M. Ward Ms. M. M. M. M. District/Municipal Mbeya Region Mbeya
Details of Previous pharmacy:
Name of Pharmacy Ms. M. M. M. M. FIN 0300125 District/Municipal Mbeya Region Mbeya

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 MS. M. M. M. M.
Full Name MS. M. M. M. M. Designation MS. M. M. M. M. Signature MS. M. M. M. M. Date MS. M. M. M. M.

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.