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 KAYINGX PHARMACY Facility Identification Number (FIN). 0103693 Physical address:
	Street HAYANEN Ward I LOMBA District/Municipal MBEYAULBAN Region MBEY
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name DIANA MCHAEL KALINGA PIN 0103020 Phone 0627e9996 & Address MB E7A Email Michael Liang 598@gmail.com
	A.3. REASON(s) FOR CHANGE OF JOB LOCATION.
	Time frame of notification: (As per Contract) . Ol numble . Signature Date 13 /11/2025
	A.4. OWNER'S DETAILS Full Name. CARAH KAYINGA Phone Number. 0.7.6.5.4.2.6.5.9.5 Remarks. Signature. L. Kayınga Date. 13.1.11.1.2025
_	
В.	TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name
	Street
	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
C.	FOR OFFICIAL USE ONLY
	INSPECTION/REGISTRATION OR ZONAL OFFICE
	Recommendations
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.