



## THE UNITED REPUBLIC OF TANZANIA

## MINISTRY OF HEALTH

## PHARMACY COUNCIL



### 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 ELIAS KIM PHARMACY Facility Identification Number (FIN) 0103180  
 Physical address: MWIME Ward MWENDAKULIMA District/Municipal KIHIMBA Region SINDIGA  
 Street: MWIME

##### A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name SIMON ERATO HERMAN PIN 0103173 Phone 0754922832  
 Address P.O. BOX 2649 MWANZA Email Simon.erato@gmail.com

##### A.3. REASON(S) FOR CHANGE TRANSFER TO OTHER REGION (MBEYA)

Time frame of notification: (As per Contract) ONE MONTH Signature [Signature] Date 17/01/2025

##### A.4. OWNER'S DETAILS

Full Name SIMON ELIAS KIMOLA Phone Number 0753 430502  
 Remarks ALLOWED TO CHANGE / TRANSFER  
 Signature [Signature] Date 24/01/2025

#### 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)

- Copies of registration certificate and valid license to practice
- Contract Agreement/MOU
- 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.