PCF. 17

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... EMERALD PHARMACY ...Facility Identification Number (FIN)... 0101993

Physical address:

Street... UNGA LIMITED TINDIGA Ward... NGARENARO ...District/Municipal... ARUSHA JIJI ...Region... ARUSHA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name... LIGHTNESS JOEL SULLE ...PIN ... 0103998 ...Phone... 0678 032082

Address... — ...Email... lightjoel99@gmail.com

A.3. REASON(s) FOR CHANGE

... Permanent change of residence from Arusha to Morogoro

Time frame of notification: (As per Contract) ... 1 Month ...Signature... LJSulle ...Date... 22/10/2025

A.4. OWNER'S DETAILS

Full Name... AMANI JUSTIN MASAWE ...Phone Number... 0714603593

Remarks... I Agree to the change of management

Signature... [signature] ... Date... 22/10/2025

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.