



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... ELIAS PHARMACY... Facility Identification Number (FIN)... 0102215...
 Physical address:
 Street... WAZO... Ward... WAZO... District/Municipal... KINONDONI... Region... DAR ES SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name... NORA C. MATUNGA... PIN 0103634... Phone... 0768182631...
 Address... WAZO - KINONDONI... Email... norahemayunga@gmail.com...

A.3. REASON(S) FOR CHANGE

Repeated non-payment of my monthly salary as agreed in my employment contract.

Time frame of notification: (As per Contract) One month... Signature... [Signature]... Date... 10/10/2025

A.4. OWNER'S DETAILS

Full Name... DR. MASONIA ELIAS... Phone Number... 0787743416...
 Remarks... agree to resign from contract...
 Signature... [Signature]... Date... 12/10/2025

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.