



THE UNITED REPUBLIC OF TANZANIA

PCF. 17



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... HOODES PHARMACY... Facility Identification Number (FIN)... 0102857

Physical address:

Street... Ward... M/ MAMALA... District/Municipal... ANNDONI... Region... DAR-ES-SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name... CHARITY J. MUTTA... PIN... 0103220... Phone... 0674477244

Address... KIGAMBOI DAR ES SALAAM... Email... charitymutta.7@gmail.com

A.3. REASON(S) FOR CHANGE

The owner has refused to pay me for 5 months

Time frame of notification: (As per Contract) 1 MONTH... Signature... Date... 07/10/2024

A.4. OWNER'S DETAILS

Full Name... Phone Number...

Remarks...

Signature... Date...

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.

9TH, OCTOBER 2024.

REGISTRAR,
PHARMACY COUNCIL,
P.O.BOX 31818,
DAR ES SALAAM.



DEAR SIR,

**REF: REASON FOR TERMINATION OF BUSSINESS CONTRACT WITH
MY PROPRIETOR OMARY MBURA.**

The heading above being of reference,

I am Charity Josephat Mutta, a registered Pharmacist with PIN no,0103206, currently excercing my super-intendant services at HOOD PHARMACY located at Mwananyamala-Kinondoni, a facility with FIN no:0102857.

My proprietor has failed to abide to the contract terms and has not paid my fees as stipulated in the contract for more than 5 months. And a part from that he has refused to give a plan for unpaid fees regardless of the time and patientce i have offered him. For that reason i have decided to terminate my contract with him. A long with this letter is my one month notice letter that i have served him with to notify him of my decison.

I have made several attempts to meet with him and settle it nicely and unfortunately none were successfuly. He has also refused to sign the termination formI bring this your authority to be handed by your of fice as i am required by the Pharmacy Council.

My sincere appreciation for taking the time to work on my matter.

Your faithful,

Charity Mutta,

Superintendant Pharmacist, (Hood Pharmacy).