



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..... GAYA Facility Identification Number (FIN)..... 0300421
 Physical address:
 Street..... KIMWERI Ward..... MASANI District/Municipal..... KIMWANI Region..... DAR-ES-SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..... SONGETUMBO PIN..... 0103100 Phone..... 0756217047
 Address..... MBERI JUL Email..... songetumbo.st@gmail.com

A.3. REASON(S) FOR CHANGE

FAILURE TO ADHERE AGREEMENT ON PAYMENT OF MONTHLY SUPERINTENDENT FEE SINCE OCTOBER 2023 UPON DISCHARGING MY DUTIES AND FUNCTIONS AS WELL AS CONTRACT EXPIRED ON DECEMBER
 Time frame of notification: (As per Contract)..... 1 month Signature..... [Signature] Date..... 1/2/2024

A.4. OWNER'S DETAILS

Full Name..... AJIBU AMANI IBRAHIM Phone Number..... 0752139139
 Remarks..... MILIKI HAPORI SIMU
 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.