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... TJ BUKOKWA PHARMACY ...Facility Identification Number (FIN)... 0103526

Physical address:

Street... BUKOKWA ...Ward... NYABUTANGA ...District/Municipal... BUCHOSA ...Region... MWANZA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name... ABEL M. MARKO ...PIN... 0103169 ...Phone... 0757400555

Address... 476 MWANZA ...Email... abelmarko126@gmail.com

A.3. REASON(s) FOR CHANGE MAKUBALIANO BAINA YA PANDE ZOTE MUTUAL AGREEMENT

Time frame of notification: (As per Contract) ... — ...Signature... ...Date... 11/11/2025

A.4. OWNER'S DETAILS

Full Name... JANE P. LIONDO ...Phone Number... 0758551827

Remarks... NIMEKUBALI

Signature... ...Date... 11/11/25

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name ... JANE P. LIONDO ...PIN 0103169 ...Phone Number 0758551827 ...Email... janeliondo22@gmail.com

Physical address:

Street... BUKOBA ...Ward... NYABUTANGA 0101793 ...District/Municipal... BUCHOSA ...Region... MWANZA

Details of Previous pharmacy:

Name of Pharmacy... T.J - BUKOKWA ...FIN 0103526 ...District/Municipal... — ...Region... MWANZA

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.

WIZARA YA AFYA, MAENDELEO YA JAMII, JINSIA, WAZEE NA WATOTO

BARAZA LA FAMASI

FOMU YA KUKIRI KUTEKELEZA MAJUKUMU YA MWANATAALUMA WA DAWA KWENYE MAJENGO YA KUTOLEA HUDUMA YA DAWA
(kutoka katika Kifungu No. 44 (1) (a) cha Sheria ya Famasi)

SEHEMU YA KWANZA: - TAARIFA ZA MWANATAALUMA

☑ MFAMASIA ☐ FUNDI DAWA SANIFU ☐ FUNDI DAWA MSAIDIZI ☐ PHARM. DISP

1. Jina la mwanataaluma.....JANE LIONDO..... PIN ...0101793.....
2. Namba ya simu.....0758551827..... barua pepe janeliondo26@gmail.com
3. Tarehe ya mwisho kuhuisha jina *(Retention)*.....Jan 2025
4. Je, umehuisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi? (http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php) ☑ NDIYO, Stakabadhi Na. ..... ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi.....Jane Liondo..... mwenye taaluma ya dawa ngazi ya .....shahada..... nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo .....TJ - Bukokwa Pharmacy..... FIN .0103526. lililopo katika Wilaya ya .....Buchosa..... Mkoani .....Mwanza.....
Sahihi .....Jio..... Tarehe ..27/10/2025.....

Uthibitisho wa Mfamasia wa Halmashauri

Nadhibitisha kwamba mwanataaluma tajwa ni **miongoni/ si miongoni** mwa wanataaluma waliopo katika halmashauri ninayosimamia

MGANGA MKUU (W)
HALMASHAURI YA BUCHOSA

Jina na Sahihi .BHOKE.....MAEWA..... **Tarehe.**27/10/2025

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji
Jina la mtendaji (Kata).SAMWEL H. PAULO. Kata ya...BUKOKWA
Nathibitisha kwamba Ndugu..JANE LIONDO.....anaishi langu mtaa/kijiji..BUKOKWA..,kuanzia mwaka..2022-2025

Muhuri Mtendaji

Sahihi Afisamtendaji .....

Tarehe 06.11.2025

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

DECLARATION FORM FOR PHARMACY OWNERS WHO ARE PHARMACEUTICAL PERSONNEL

(Made under Section No. 43 (1) (a) of the Pharmacy Act 2011)

Cadre: Pharmacist ☑ Pharm. Technician ☐ Pharm. Assistant ☐ Pharm. Dispenser ☐

Owner's Responsibilities: Superintendent ☐ Other Pharmaceutical Personnel ☐

I JANE PETER LIONDO with Personal Identification Number (PIN) 010793 of Year 2019, residing at NYEGEZI district, in MWANZA Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named TJ-BUKOKWA PHARMACY, with Facility Identification Number (FIN) 0103526 of year 2025, located at BUCHOSA District, BUCHOSA Region with a Business Tax Identification Number (TIN) 124-192-196 (**TIN Certificate to be attached**)***.

As the owner of the named pharmacy, I shall abide to all obligations as a proprietor and I will comply with the Laws, Regulations, Guidelines and Standards prescribed by the Council and other relevant authorities in running the business of a pharmacist.

In case I fail to adhere to these legislations, I shall be responsible and liable for being subjected to a professional misconduct.

Phone: 0758551827 Email Address: janeliondo26@gmail.com

Signature: _____ Date: 11/11/2025

NOTE: This form shall be a substitute of the **Contract agreement** to pharmacists / Other Pharmaceutical Personnel who owns a pharmacy at same time they are superintendent/practice as other pharmaceutical personnel in the pharmacy.

In this case, the owner shall abide to obligations/ scope of practice as stated under The Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) Regulations, 2020.

*** **Mandatory**

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THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

(Section 20 of the Pharmacy Act, CAP.311)

Full Name ..... Jane Peter Liundo .....

*I hereby certify that the following is a true extract from the entry in the Register relating to fully registered pharmacist details in respect of whom are set out below.

Registration		Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
PIN.	Date					
0101793	9th January, 2019	20th November, 1993	Tanzanian	P.O. Box 628 Mbeya	Bachelor of Pharmacy	Catholic University of Health and Allied Sciences 2017

Date 08th February 2019

REGISTRAR

NOTES: 1) This certificate affords immediate evidence of registration. In due course the name of the Pharmacist will be published in the list of registered Pharmacists published annualy by the Council; and reference should thereafter be made to the current Published list for evidence as to continue registration.

2) This Certificate is not an evidence of the identity of its holder of the named above and must not be used as such.

GP - Dsm

THE UNITED REPUBLIC OF TANZANIA

PHARMACY COUNCIL

LICENSE TO PRACTICE

The Pharmacy Act

(Made under Sect.22 of The Pharmacy Act No. 1 of 2011)

I Hereby Certify that

JANE PETER LIONDO

PIN NO: 0101793

Having complied with the provision of Section 22 of The Pharmacy Act, Cap 311 is entitled to practice as a **Full Registered Pharmacist** upon the terms and subject to the conditions set forth in the aforesaid Act and its Regulations thereto.

Issued:**09 January 2019**

Expires on:**31 December 2025**

Registrar
Pharmacy Council