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..CHALINZE PHARMACY LTD NERO BRANCH..Facility Identification Number (FIN)..0300576

Physical address:

Street.....NERO.....Ward.....BWILINGU.....District/Municipal.....CHALINZE.....Region.....PWANI

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name.EMMANUELI....FELIX.....SHAYO..... PIN ...01.03243.Phone.....0713031440.....

Address..P.O.BOX..617.....MOSHI..... Email...shayorizik2016@gmail.com.....

A.3. REASON(s) FOR CHANGE

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TEMPORARY CLOSURE.

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Time frame of notification: (As per Contract) IMMIDIATELY Signature..... Date..27/9/2024

A.4. OWNER'S DETAILS

Full Name....AUGUSTINO LEONI MMBAGA..... Phone Number..0755571336.....

Remarks..I agree to release Superintendent due to temporary closure

Signature..... Date..27/9/2024

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.

AUGUSTINO LEONI MMASI
P.O. Box 4,
CHALINZE
27TH SEPTEMBER 2024.

PHARMACY COUNCIL
P.O. BOX 1277
DODOMA

REGISTRAR

YAH: KUFUNGA PHARMACY

Husika na kichwa cha habari hapo juu,

Naomba nifunge biashara yangu ya CHALINZE PHARMACY NERO BRANCH yenye usajili wa FIN 0300576 kwa mdawa miezi mitatu (3) kutokana na ugumu wa hali ya biashara, na mfamasia Mr. Emmanuel Shayo anauwezo wa kusajiliwa kwenye pharmacy nyingine.

Asante.

Wako katika ujenzi wa Taifa

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A.L. Mmasi