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 MEDONE PHARMACY Facility Identification Number (FIN) 0102418

Physical address:
Street MTAKUJA Ward MLOWO District/Municipal MBOZI Region SONGWE

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name SEBASTIAN MZINDAKAYA PIN 0102207 Phone 0654445808
Address Email Sebamzindakaya@gmail.com

A.3. REASON(s) FOR CHANGE

Premise has new owner, new superintendent

Time frame of notification: (As per Contract) 2 months Signature [signature] Date 11/04/2024

A.4. OWNER'S DETAILS

Full Name SEBASTIAN MZINDAKAYA Phone Number 0654445808
Remarks Premise has new owner and new superintendent needed
Signature [signature] Date 11/04/2024

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name JOHN MOHAMED DAHL PIN 0102465 Phone Number 0672588213 Email drjohnigaba94@gmail.com

Physical address:
Street TANDALE Ward KIWIRA District/Municipal RUNGWE Region MBEYA

Details of Previous pharmacy:
Name of Pharmacy MEDONE PHARMACY FIN 0102418 District/Municipal MBOZI Region SONGWE

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.