MOZA JAMAL NASSORO,

S.L.P 71852,

DAR ES SALAAM.

13/10/2025

MSAJILI,

BARAZA LA FAMASI,

S.L.P 1277,

DODOMA.

YAH: TAARIFA YA KUACHA KUSIMAMIA FAMASI

Mimi Moza Jamal Nassoro, Mfamasia niliyesajiliwa kwa namba 0102898, ninapenda kukutaarifu rasmi kwamba nimeamua kuacha kusimamia famasi ya Eli Lawi (FIN 0103748) , iliyo katika eneo la Goba Kwa Awadhi-Dar es Salaam, kuanzia mwisho wa mwezi Oktoba 2025, ambapo kuanzia tarehe 01 hadi 30 mwezi Oktoba 2025 ndio ulikuwa mwezi wa notisi tuliokubaliana na mmiliki wa famasi hiyo kama kanuni zinavyoelekeza.

Sababu kuu ya uamuzi huu ni kutokulipwa malipo yangu kwa mujibu wa makubaliano pamoja na changamoto za ushirikiano na mmiliki, ambaye pia ameshindwa kusaini fomu ya taarifa ya kuacha kusimamia "notice form" licha ya majaribio kadhaa ya kuwasiliana naye, hali hiyo imesababisha kuchelewa kuwasilisha taarifa hii kwa wakati.

Ninawasilisha barua hii ili baraza liweze kuchukua taarifa rasmi kuhusu kusitishwa kwa jukumu langu la usimamizi wa famasi hiyo. Naomba radhi kwa ucheleweshaji wa taarifa hii ambao umetokana na sababu zilizo nje ya uwezo wangu.

Wako katika ujenzi wa taifa,

.....

Moza Jamal Nassoro

Mfamasia

0102898

0676150285

mozahjamal250@gmail.com

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....ELILAWI PHARMACY....Facility Identification Number (FIN)....0103748

Physical address:

Street..kwa Awadhi..Ward.....Goba.....District/Municipal....Ubungo.....Region....Dar-es-salaam

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name....MOZA JAMAL NASSORO.....PIN....0102898.Phone....0676150285.....

Address.P.OBOX 71852 DAR-ES-SALAAM....Email..mozahjamal250@gmail.com.....

A.3. REASON(s) FOR CHANGE

.....Failure of the owner to meet the payments of.....

.....salary of the superintendant as per agreed contract.....

Time frame of notification: (As per Contract) ..One..month..Signature....~~Signature~~....Date....03/10/2025.....

(30 days)

A.4. OWNER'S DETAILS

Full Name....ERICK CHARLES NINDI.....Phone Number....0655048797.....

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.