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 IVONA MED PHARMACY ..... Facility Identification Number (FIN).....

Physical address:

Street KISIWANI Ward VISIBWENI District/Municipal KILIMAMBONI Region DAR-ES-SALAAM.

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name KULWA NGUSE SOSOMA. PIN 0404433 Phone 0717982918

Address TABATA. Email nguseSosoma53@gmail.com.

A.3. REASON(s) FOR CHANGE

PAYMENT FAILURE.

Time frame of notification: (As per Contract) 30days Signature K.NGUSE Date 17.09.2025

A.4. OWNER'S DETAILS

Full Name..... Phone Number.....

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.

KULWA N SOSOMA

ngusesosoma53@gmail.com

DAR ES SALAAM

0717982918

17/0/2025

BARAZA LA FAMASI

S.L.P 31818

DAR ES SALAAM

YAH: KUOMBA KUFUTA USIMAMIZI WA FAMASI INAYOITWA IVONA MED.PHAMACY KIGAMBONI.

Husika na kichwa cha habari hapo juu,

Mimi kulwa Nguse Sosoma mteknologia dawa daraja la pili (ii) mwenye **PIN 0404433** ninaomba kuondolewa kwenye usimamizi wa Famasi tajwa hapo juu .

Sababu za kuomba kuondolewa nikuwa mmiliki ameshindwa kunilipa kulingana na makubaliano pia hapokei simu zangu pale ambapo nahitaji mawasiliano nae.

Namba ya mmiliki ni 0711801030 Octavian Rwehumbiza.

Natumaini ombi langu litapokelewa.

Wako katika utumishi

K. Nguse

Kulwa Nguse