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 MWALONI PHARMACY Facility Identification Number (FIN) 0101508

Physical address:

Street MWALONI Ward KIRUMBA District/Municipal ILEMELA Region MWANZA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name HARUNI WINFRIDA ISHARA PIN 0103278 Phone 0694636768

Address NYAMAGANA - MWANZA Email harunishara@gmail.com

A.3. REASON(s) FOR CHANGE

- CONTRACT EXPIRELY

-CHANGE OF OWNERCHIP

Time frame of notification: (As per Contract) 30 DAYS Signature [signature] Date 29/10/2024

A.4. OWNER'S DETAILS

Full Name: LEONATUS CHARLES JOSEPH Phone Number +255 763 229 835

Remarks: CONTRACT EXPIRY

Signature [signature] Date 25/10/2024

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name SAFINA YM KIUNGO PIN 0103700 Phone Number 0695427703 Email safinakiungo2@gmail.com

Physical address:

Street KABUHORO Ward KIRUMBA District/Municipal ILEMELA Region MWANZA

Details of Previous pharmacy:

Name of Pharmacy JOYSTIE PHARMACY FIN 0200326 District/Municipal NYAMAGANA 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...SAFINA Y.M KIUNGO..... PIN ...0103700.....
2. Namba ya simu..0695427703.......... barua pepe safinakiungo20@gmail.com
3. Tarehe ya mwisho kuhuisha jina *(Retention)* 31/12/2025...
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......SAFINA Y.M KIUNGO.. mwenye taaluma ya dawa ngazi ya SHAHADA (MFAMASIA)...... nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo ..MWALONI PHARMACY.......................... FIN 0101508.... lililopo katika Wilaya ya ..ILEMELA........... Mkoani ..MWANZA...........................

Sahihi ....[signature].............................. Tarehe ...5th NOVEMBER/2024.....

Uthibitisho wa Mfamasia wa Halmashauri

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

Muhuri KNY: DMO

DAKTARI WA MANISPAA HALMASHAURI YA MANISPAA YA ILEMELA S. L. P. 735 MWANZA

Jina na Sahihi ...Lucas Masara [signature]..... **Tarehe**...19/11/24.....

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata). GAUDENSIA V. MSIRIKALE Kata ya......KIRUMBA..........

Nathibitisha kwamba Ndugu..SAFINA Y.M KIUNGO.......................anaishi

Muhuri Mtendaji

MTENDAJI KATA YA KIRUMBA MANISPAA YA ILEMELA S. L. P. 735 MWANZA

langu mtaa/kijiji...MAGOMENI.....,kuanzia mwaka......2024..........

Sahihi Afisamtendaji **Tarehe**

...[signature]................. ....19/11/2024.

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

SAFINA YM KIUNGO

PIN NO: 0103700

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:**21 June 2024**

Expires on:**31 December 2025**

Registrar
Pharmacy Council

PCF. 54

THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

00002364

CERTIFICATE OF FULL REGISTRATION

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

Full Name ..... Safina Y.M. Kimugo .....

.....

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					
0103700	21st June, 2024	24th April, 1998	Tanzanian	P.O. Box 2502 Dodoma	Bachelor of Pharmacy	Catholic University of Health and Allied Sciences 2022

Date ..... 21st June 2024 .....

REGISTRAR

NOTES: (1) This certificaate affords immediate evidence of registration. In due course the name of the Pharmacist will be published in the list of registered Pharmacist published annually by the Council and referene 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