ZAINAB.H. KADEGE,

P.O.BOX 2235,

DSM, TANZANIA.

13/03/2024

THE REGISTRAR.

THE PHARMACY COUNCIL.

P.O.BOX 31818.

DSM, TANZANIA.

13/03/2024.

DEAR SIR/MADAM,

REF: CLOSURE OF PENA PHARMACY;

Referring to the heading above I Zainab Hamza Kadege, a pharmacist holding a license with PIN 0102093, would kindly like to inform you that the proprietor for Pena pharmacy with FIN NUMBER: 0101877 located at Tegeta- MBOMA ROAD is closing down the pharmacy she will no longer be providing pharmaceutical services due to the circle of business being small effectively from 01st-march-2024 therefore I would like to terminate and pull out my certificate from the pharmacy so i can continue with other plans. I was supposed to submit the Premises Registration Certificate but the proprietor has informed me that she cannot find the certificate she is looking for it so i want to continue for closure so i can sign up with another proprietor.

For further verification please contact: +255 769 888 899 , +255 763 000 033. Ms. Upendo hajji.

Looking forward for you co-operation

Sincerely yours,

Zainab.H.Kadege.

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: JENA PHARMACY ..... Facility Identification Number (FIN): 0101877

Physical address:

Street: MBOMA ROAD Ward: KINONDONI TEGETA/SALASALA District/Municipal: KINONDONI Region: DSM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: JAINAB H. KADEGE ..... PIN: 0102093 Phone: 0757-229821

Address: P.O. Box 2235, DSM ..... Email: hamzaaynab_22@yahoo.com

A.3. REASON(s) FOR CHANGE

closing down of pharmacy due to no bussiness circle.

Time frame of notification: (As per Contract) one month Signature: ..... Date: 13-3-2024

A.4. OWNER'S DETAILS

Full Name: UPENDO HAJJI ..... Phone Number: 0769888899/0763000033

Remarks: Closing down of pharmacy due to No bussiness circle

Signature: ..... Date: 13/3/2024

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.