



THE UNITED REPUBLIC OF TANZANIA

PCF. 1/

MINISTRY OF HEALTH



PHARMACY COUNCIL

NOTICE 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: MSHINWA PHARMACY Facility Identification Number (FIN): 0102527
Physical address: Beach street Ward: Goba District/Municipal: Ubungo Region: Dares Salaam

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: MWEMEZI ROBERT PIN: 0102906 Phone: 0759520567
Address: P.O. Box 9790 D.S.M. Email: Mwemezi.233@gmail.com

A.3. REASON(S) FOR CHANGE

Closure of the premises due to financial reasons.

Time frame of notification: (As per Contract) Will Signature: [Signature] Date: 16/02/2024

A.4. OWNER'S DETAILS

Full Name: STELLA L. KIBACHA Phone Number: 0784670855
Remarks: MSHINWA PHARMACY IS CLOSED.
Signature: [Signature] Date: 16/02/2024

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.



STELLA · L · KIBACHA,
S.L.P 8714,
DARE SALAAM.
10/03/2024.

MSAJILI,
BARAZA LA FAMA SI,
S.L.P 1277,
DODOMA, TANZANIA.

Ndugu.

YATI: KUFUNGWA KWA
MSHINWA PHARMACY

Mimi ni mmiliki wa Mshinwa pharmacy iliyo
sajiliwa kwa kuuza dawa za binadamu kwa rejareja
natapewa usajili (FIN) 0102527.
Ninakiri kwa maandishi leo 10/03/2024, kuwa
famasi hii inafungwa kwa sababu za kifedha
na dawa zilizo salia nimeziuzwa kwa mkopo
na nimekabidhi kibali cha jerpo kwa mfamasi.
Wako mtifu,

Stella · L · Kibacha
07 84670855

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

Made under Section 34 (1) of the Pharmacy Act Cap.311

FIN: 0102527

This is to certify that the premises owned by M/S Mshinvi Pharmacy of P.O Box 8714, Dar es Salaam located at Bedui Street, Goba, Ubungo Municipality/District in Dar es Salaam Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0102527

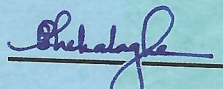
Issued in: March 2023

Expires on: 29 June 2028

15-04-2023

DATE:

Registrar
Pharmacy Council
P. O. Box 1277
Dodoma


SIGNATURE OF REGISTRAR
AND STAMP

CONDITIONS

1. The premises and the manner in which the business is conducted must conform to the category of pharmacist business registered
2. This certificate does not authorize the holder to sell or supply medicines, medical devices and diagnostics illegally to unlicensed premises
3. Any changes such as ownership, superintendent pharmacist, business name, physical address and location of the registered premises shall be approved by the Pharmacy Council
4. This certificate is non transferable to other premises or to any other person
5. Both certificate and business permit shall be displayed conspicuously in the registered premises

