



THE UNITED REPUBLIC OF TANZANIA

PCF. 17



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... ZINGA PHARMACY Facility Identification Number (FIN)... 0102150  
Physical address: Street... ZINGA AWAZI Ward... MR ZINGA District/Municipal... BAGAMOYO Region... PWANI

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name... JAGUILINE MENYASUMBA MACHA PIN... 0102301 Phone... 0658659195  
Address... Dar es Salaam Email... jaquiliemacha@gmail.com

A.3. REASON(S) FOR CHANGE

MISSING PAYMENTS.

Time frame of notification: (As per Contract) 30days Signature... Jaquiline Date... 30/05/2025

A.4. OWNER'S DETAILS

Full Name... Damian Paul Phone Number... 0692670551  
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.

JAQUILINE MACHA,  
P.O. BOX 3021,  
KILIMANJARO,  
30/05/2025.

REGISTRAR,  
PHARMACY COUNCIL,  
P.O. BOX 1277,  
DODOMA.



Dear Sir/Madam,

**RE: TERMINATE CONTRACT UNDER WHICH THE PROPRIETOR IS  
IRRESPONSIVE.**

The heading above is concerned.

I Jaquiline Macha is a registered pharmacist (PIN 013301), writing to formally notify you of the termination of contract with Zinga pharmacy (0102150), entered into on 1<sup>st</sup> December 2024 for superintendent service.

Despite multiple reminders and extension of good faith, payments have not been delivered in violation of the agreed payment terms stipulated in 4a (2) since the end of February 2025. I have issued a notice of 30 days accordance to a period required in the contract to which, the proprietor is unresponsive.

I request your further assistance in the termination of the contract. Thank you for your attention in this matter.

Kindly regards,

**JAQUILINE M MACHA**

PHONE: +255 658 659 195

Email: jaquilinemacha@gmail.com