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... ZHC SQUARE PHARMACY ....Facility Identification Number (FIN) D2 00198

Physical address:

Street... SIKUKU ....Ward... MADUKANI ....Distnct/Municipal... DODOMA JIJI ...Region... DODOMA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name... UPENDO L. SINGO ....PIN 0403774 ...Phone... 0746100103

Address... P.O. BOX 17090 DODOMA ....Email... Singoupendo022@gmail.com

A.3. REASON(s) FOR CHANGE

..... suspension letter .....

.....

Time frame of notification: (As per Contract) immediately Signature... U. Singo ....Date 20/08/2024

A.4. OWNER'S DETAILS

Full Name... EMMANUELA MUALONGO .....Phone Number... 0748302442

Remarks... ALLOWED .....

Signature... Mualong Date... 21/8/24.

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.

ZNC MEDX LIMITED

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04 Agosti, 2024

Ms.Upendo L. Singo
Mtekinolojia Dawa

YAH: KUSIMAMISHWA KAZI

Husika na kichwa cha Habari,

Kufuatia mwenendo wa biashara na ukaguzi wa bidhaa za Dawa (Stock Checking) uliofanyika mwezi wa sita na Mwezi wa nane 2024, kumeonekana kuwa na dalili ya upotevu wa bidhaa za Dawa zenye thamani ya TZS. **2,998,882.70** kwa ukaguzi mwezi wa sita 2024 na TZS. **2,344,603.03** kwa ukaguzi wa mwezi nane, 2024. Pamoja na upotevu huu kumebainika kuwa na utendaji kazi unaosababisha biashara kuzorota.

Kutokana na hali hii, Kampuni imedhamiria kuendelea na uchunguzi na kuandaa mifumo dhabiti ya kuboresha biashara. Hivyo, kwa barua hii unatarifiwa kuwa umesimamishwa kazi kuazia leo tarehe 04/08/2024 ili kupisha taaratibu za uchunguzi.

Unaelekezwa kukabidhi mali zote kampuni kwa mkurengezi mtendaji na kujaza handover note.

Asante.

Zeye M. Nkomela
Mkurugezi Mtendaji
ZNC MEDX LIMITED

Nakala:
Bodi ya Wakurugenzi – ZNC MEDX LIMITED