

REHEMA ALLY

P.O.BOX 328

SUDI-LINDI

01/08/2025

Email: lukangarahma@gmail.com

REGISTRAR,

PHARMACY COUNCIL,

P.O BOX 31818

DAR ES SALAAM.

RE: NOTIFICATION OF END OF SIGNED CONTRACT TO SUPERVISE PHINA PHARMACY.

Refer to the head above,

I am Rehema Ally, a registered pharmacist with registration number 0103379 of february 2023.

I just informing to the body that my contract has been come to an end(expires) since June 30 2025 to supervise the mentioned(Phina) pharmacy as a supervisor.

Hope my concern be considered.

Sincerely


.....

Rehema Ally

Registered pharmacist

0782-806652



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... PHINA PHARMACY... Facility Identification Number (FIN)... 0101676
Physical address:
Street... MWONGOZO... Ward... MAKABURA... District/Municipal... UBUNGO... Region... MREESARA-A1

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name... REHEMA LUKANGA... PIN... 0103379... Phone... 0782 806 652
Address... P.O. Box 328 SUGI-LINDI... Email... lukangarehma@gmail.com

A.3. REASON(S) FOR CHANGE

EXPIRED CONTRACT

Time frame of notification: (As per Contract) ... Signature... Date... 11/8/2025

A.4. OWNER'S DETAILS

Full Name... DELPHINA MICHAEL MTEY... Phone Number... 0652 502 046
Remarks...
Signature... Date... 11/8/2025

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.