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..... WITY PHARMACY ..... Facility Identification Number (FIN)..... 0300547

Physical Address:
Street..SINGIDA ROAD..... Ward...IGUNGA..... District/Municipal...IGUNGA..... Region..TABORA.....

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name....MABEHO ELIAS..... PIN ..0102013.. Phone..... 0694137170/0747439239
Address.....50 KAHAMA..... Email..... Mabehoelias@gmail.com

A.3. REASON(s) FOR CHANGE ..... GETTING EMPLOYMENT OUT OF THE REGION. .....

.....

Time frame of notification: (As per Contract) ..... 1 MONTH ..... Signature..... ..... Date..... 7/4/2025 .....

A.4. OWNER'S DETAILS

Full Name..... EDSON RAISON VAROYA ..... Phone Number..... 0769520786 .....
Remarks.....
Signature..... ..... Date..... 07/04/2025 .

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.

MABEHO ELIAS
S.L.P 50,
KAHAMA
04. 04. 2025

KWA,
EDSON VAROYA
MMILIKI WA WITY PHARMACY,
S.L.P 8 8
IGUNGA-
TABORA

Ndugu,

YAH: KUOMBA KUSITISHA HUDUMA YA USIMAMIZI WA FAMASI KATIKA FAMASI YA WITY IFIKAPO TAREHE 7/05/2025

Husika Na Kichwa Cha Barua Hapo Juu Mimi Mabeho Elias Mfamasia Msimamiz wa WITY Pharmacy Iliyopo Igunga Mkoani Tabora Mwenye Usajili Namba 0102013.

Kulingana Na Kupata Ajira Ya Kudumu Katika Ofisi Ya Rais – TAMISEMI, Wilaya Ya Kahama, Halmashauri Ya Ushetu Katika Kituo Cha Afya Bulungwa. Napenda Kukutaarifu Kuwa Ntakuwa Nje ya Mkoa Wa Tabora na Nitashindwa Kusimamia Kazi za Famasi Katika Famasi Yako .

Ninaomba Kusitisha Usimamizi Kuanzia Tarehe 7/5/2025 Ili Kuruhusu Mwanataaluma Mwingine Aliye Karibu Aweze Kusimamia Kazi Hii ya Kitaaluma Kwa Ufanisi Zaidi.

Hivyo Kwa Kipindi Kilichobaki Naomba Utafute Mwanataaluma Mwingine Aliye Karibu Aweze Kusimamia Kazi Hii ya Kitaaluma Kwa Ufanisi Zaidi na Kuepuka Famasi Kufungiwa Kwa Kukosa Sifa na Vigezo Vya Kuendelea Kuhudumia Jamii.

Ahsante, Nakutakia Utekelezaji Mwema

Mabeho Elias
+255694157570/+255747439239

Nakala
Msajili Baraza la Famasi Kanda ya Kati