



THE UNITED REPUBLIC OF TANZANIA

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..... NGUZO NANE Facility Identification Number (FIN)..... 0101144
 Physical address:
 Street..... NDALA Ward..... NDALA District/Municipal..... MTU MC Region..... MTANYANGA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..... FRANCO PAUL PIN..... 0101753 Phone..... 0685482827
 Address..... NDEMGEZI MTANYANGA Email..... franco.paul@yzlwo.com

A.3. REASON(S) FOR CHANGE

..... PERMANENT CLOSURE OF PHARMACY.
 Time frame of notification: (As per Contract)..... 30 DAYS Signature..... [Signature] Date..... 15/06/2023

A.4. OWNER'S DETAILS

Full Name..... JONATHAN MANYAMA Phone Number..... 0767254201
 Remarks..... Closure of Business.
 Signature..... [Signature] Date..... 15/06/2023

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.



JONATHAN MANYAMA KIFUNDA,
P.O. BOX 19,
SHINYANGA.
15 – JUNE - 2023.

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

Dear Sir/Madam

RE: NOTICE OF PHARMACY BUSINESS CLOSURE.

Refer to the heading above.

I am JONATHAN MANYAMA KIFUNDA, owner of Pharmacy Business entitled as **NGUZO NANE PHARMACY** located in Ndala, Shinyanga Municipal.

After almost four (4) of business operation, I am reaching out to inform your office on the Closure of the above-mentioned business. The Reason for closure includes Failure to afford operational cost initiated by Business operation hardship at the location.

However, I would like to request the Council to cease the registration of this pharmacy business effectively from today 15th June 16, 2023, because the business is no longer operating. Looking forward to hearing from you.

Yours faithful,

Jonathan Manyama Kifunda.

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0101144

This is to certify that the premises owned by M/S Nguzo Nane Pharmacy of P.O. Box 1195, Shinyanga located at Nguzo nane, Ndala, Shinyanga Mjini Municipality/District in Shinyanga Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0101144

Issued in: February 2020

28-03-2020

DATE:

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



PHARMACY COUNCIL



PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 01144-2023

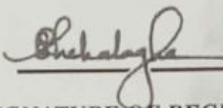
This Permit is hereby granted to M/S Nguzo Nane Pharmacy of P.O. Box 1195, Shinyanga to operate a Retail Only Business at the premises situated/lying between Nguzo nane, Ndala, Shinyanga Mjini Municipality/District in Shinyanga Region with Facility Identification Number (FIN) 0101144 under a superintendent Pharmacist Franco Paul with Personal Identification Number (PIN) 0101753

Issued in: February 2020

Expires on: 30 June 2023

19-11-2022

DATE:


SIGNATURE OF REGISTRAR

CONDITIONS

1. This Permit shall have and continue to have effect from and including the day when it is issued and does not authorize the holder to operate business in unregistered premises or during the period of suspension, revocation or cancellation
2. The nature of conducting business shall conform to the category of pharmacist business registered
3. This permit does not authorize the holder to sell or supply medicines illegally to unlicensed premises.
4. When vacating the registered premises, the superintendent pharmacist shall surrender to the Council the original Premises Registration Certificate and Business Permit
5. The permit is non transferable and Council reserves the right to suspend, revoke or cancel any certificate or permit issued under this Act if satisfied terms and conditions have been violated

