THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

PCF. 17

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 ACCURATUS PHARMACY - GEZAULOLE BRANCH ..... Facility Identification Number (FIN) 0103312

Physical address:

Street GEZAULOLE ..... Ward ..... District/Municipal KIGAMBONI ..... Region DAR-ES SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name PIUS IPAGAYA ..... PIN 010883 ..... Phone 0712898944

Address S.L.P 9081 DAR-ES-SALAAM ..... Email ipapius2006@gmail.com

A.3. REASON(s) FOR CHANGE

KUHAMISHIWA WAKUU ENVIRONMENT, NON-PAYMENT OF SUPERVISED ALLOWANCE.

Time frame of notification: (As per Contract) 30 ..... Signature ..... Date 01/12/2024

A.4. OWNER'S DETAILS

Full Name DANIEL M. JOSEPH

Remarks ..... Phone Number 0683967420

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.

PIUS FABIAN IPAGALA
S.L.P 9081
DAR-ES SALAAM.
06.03.2025

MSAJILI
BARAZA LA FAMASI-TANZANIA
S.L.P 31818
~~DAR~~ ES SALAAM.

YAH: KUJIONDOA USIMAMIZI WA ACCURATUS PHARMACY - GEZA BRANCH.

Husika na Jambo tajwa hapo juu,

Mimi Pius Ipagala, Mfamasia mwenye namba ya usajili 0101183 naomba kuondolewa kwenye usimamizi wa accuratus famasi tawi la Gezaulole-kwasababu ya mmiliki kushindwa kufanya wajibu wake na kumlipa msimazi huyo kusababisha mbo hukuma wake ambaye ni mimi kushindwa kutekeleza majukumu yangu.

Ninachamwandikia pmbi la kuacha fomu ya kubadilisha Menejiment toka mwezi wa 12 mwaka 2024 lakini hajaweza kufanya hivyo, naomba baraza liniondoe na liweze kuendelea na taratibu za kubadilisha menejimenti kwa kushirikiana na mmiliki

Natanguliza shukrani za dhati.

Ipagala
Pius Ipagala
Mfamasia.
0712898944