



THE UNITED REPUBLIC OF TANZANIA

PCF. 17

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 AL-ZAHRA PHARMACY Facility Identification Number (FIN) 0300240
Physical address:
Street 14TH STREET Ward TANGA District/Municipal TANGA CC Region TANGA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name DEVIS RAYSON MMBANDO PIN 0101213 Phone 0713246860
Address P Email raysondevis@yahoo.com

A.3. REASON(s) FOR CHANGE

HAVING MANY WORK RELATED ACTIVITIES OUTSIDE TANGA

Time frame of notification: (As per Contract) 1 MONTH Signature [Signature] Date 27 FEB 2024

A.4. OWNER'S DETAILS

Full Name AL-ZAHRA PHARMACY Phone Number 0712-437343
Remarks
Signature [Signature] Date 27-02-2024

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name PIASON JAMES MWANGIRA PIN 0103644 Phone Number 075945562 Email piasonjames96@gmail.com
Physical address:
Street 14 Ward NGAMIANI District/Municipal TANGA Region TANGA
Details of Previous pharmacy:
Name of Pharmacy N/A 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.

WIZARA YA AFYA, MAENDELEO YA JAMII, JINSIA, WAZEE NA WATOTO



BARAZA LA FAMASI



FOMU YA KUKIRI KUTEKELEZA MAJUKUMU YA MWANATAALUMA WA DAWA
KWENYE MAJENGO YA KUTOLEA HUDUMA YA DAWA
(kutoka katika Kifungu No. 44 (1) (a) cha Sheria ya Famasi)

SEHEMU YA KWANZA: - TAARIFA ZA MWANATAALUMA

☒ MFAMASIA ☐ FUNDI DAWA SANIFU ☐ FUNDI DAWA MSAIDIZI ☐ PHARM. DISP

1. Jina la mwanataaluma. PIASON JAMEI MWANGIRA PIN 0103644
2. Namba ya simu. 0759145562 barua pepe piason.james96@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 02/02/2024
4. Je, umehisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?
(<http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php>) ☒ NDIYO, Stakabadhi Na. 1842917360 ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi PIASON JAMEI MWANGIRA mwenye
taaluma ya dawa ngazi ya SHAHADA nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa iliitwalo
AL-ZAHRA PHARMACY FIN 0300240 lililopo katika
Wilaya ya TANGA Mkoani TANGA
Sahihi [Signature] Tarehe 22/02/2024

Uthibitisho wa Mfamasia wa Halmashauri

Nadhibitisha kwamba mwanataaluma tajwa ni miongoni/ si miongoni mwa
wanataaluma waliopo katika halmashauri ninayosimamia

Jina na Sahihi ABDULAH MNENGE Tarehe 29/02/24

Muhuri KNY:
DMO

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) RAMADHAN JAWA Kata ya NGAMIANI, KATI

Nadhibitisha kwamba Ndugu PIASON JAMES MWANGIRA anaishi
langu mtaa/kijiji MSIKITI kuanzia mwaka 2024

Sahihi Afisa Mtendaji

Tarehe

29/02/2024

Muhuri
Mtendaji

