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..... I MOOD PHARMACY ..... Facility Identification Number (FIN) 0102103

Physical address:

Street... MAHOMEN ... Ward.... MLIGANI ..... District/Municipal..... KINONDONI ... Region DAR-ES-SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name.... DEOGRATIUS P. LYIMO ..... PIN 0102382 ..... Phone... 0756 584 157

Address... P.O.BOX 6449, TANZANIA ..... Email... pdeogratius1@gmail.com

A.3. REASON(s) FOR CHANGE

..... payment failure ie Breach of Contract.

.....

Time frame of notification: (As per Contract) ..... 30days ..... Signature ..... Date 25th 04 2025

A.4. OWNER'S DETAILS

Full Name..... AMINA MSANGI ..... Phone Number 0687 676487 / 0743-041205

Remarks..... payment failure .....

Signature..... Date 25th 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.

DEOGRATIUS P. LYIMO
P.O.BOX. 6409,
MOSHI, KLM.
TANZANIA.
25TH - APRIL - 2025

To Registrar
PHARMACY COUNCIL.
P.O.BOX 31818,
DAR-ES-SALAAM.
TANZANIA.

PHARMACY COUNCIL
RECEIVED
25 APR 2025
P.O. Box 31818, DAR ES SALAAM

REF: CONTRACT TERMINATION FOR EMEDS PHARMACY, LOCATED AT MAGOMENI MKUMI.

Dear Sir;

Please refer to the above heading; I Deogratius P. Lyimo is a time superintendent for Emeds Pcy at Magomeni, Mikumi. Due to payment failures according to our contract, has exceeded 14 days and counting almost a month.

The proprietor is unavailable for weeks, to even discuss the issue.

I'm asking for help to cancell the contract although still not paid to this day.

I hope my request is taken into account

Sincerely yours.

Deogratius.