



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 RAKAI JABIEL PHARMACY Facility Identification Number (FIN).....

Physical address:

Street Ununio Ward Kunduchi District/Municipal Kinondoni Region Dar es salaam

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name Josephine Nyonyi PIN 0100781 Phone 0713484351

Address Dar es salaam Email jnyonyi@gmail.com

A.3. REASON(S) FOR CHANGE

Lack of financial commitment

Time frame of notification: (As per Contract) one month Signature [Signature] Date 28 June 2024

A.4. OWNER'S DETAILS

Full Name Mark Brian Phone Number 0692163173

Remarks.....

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.

Dec 23. 2024

Pharmacy Council

Eastern Zone

Dar es salaam


Greetings,

EXPLANATION NOTE-COMPLETION OF PCF 17 FORM

The heading above refers, I submitted the partially filled form to the property owner on June 28, 2024 for completion. Despite acknowledging the receipt, no action has been taken by him until today. In July 2024, I contacted Pharmacy council regarding premises renewal and informed them about my position with the pharmacy with expectation that the owner will be contacted to complete the form. Since then I have been contacted by the council twice and inform them about the same.

I am therefore asking your office to take necessary action to clear this situation and improve community pharmacy services.

Yours faithfully

A handwritten signature in blue ink, appearing to read 'J. Nyonyi'.

Josephine Nyonyi.