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: 1000 - PHARMACY - KILIMAHEWA Facility Identification Number (FIN): 0102687

Physical address:

Street: Kilimahewa Ward: Nyamanoro District/Municipal: Ilemela Region: Mwanza

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: AUSON B. MASUGE PIN: 0103188 Phone: 0767774636

Address: 11865 Mwanza Email: auson97@gmail.com

A.3. REASON(s) FOR CHANGE

Temporary closure, changamoto za kifamilia.

Time frame of notification: (As per Contract) — Signature: [signature] Date: 28/11/2024.

A.4. OWNER'S DETAILS

Full Name: AUSON B. MASUGE Phone Number: 0767774636

Remarks: Temporary closure

Signature: [signature] Date: 28/11/2024.

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.

Todd Pharmacy-Kilimahewa Branch
S.L.P 11863,
MWANZA
28/11/2024

Msajili,
Baraza la Famasi la Tanzania,
S.L.P 1277'
DODOMA

Yah: KUFUNGA FAMASI KWA MUDA

Tafadhali rejea kichwa cha habari hapo juu.

Mimi Auson B. Magige mfamasia II (PIN. 010318) mmiliki wa famasi Todd pharmacy – kilimahewa Branch, yenye FIN namba **0102637 iliyoko mtaa wa Kilimahewa B, kata ya Nyamanoro, wilaya ya Ilemela, Mkoa wa Mwanza.**

Napenda kutoa taarifa juu ya kufunga famasi kwa muda kuanzia tarehe 01/ 12/ 2024 mpaka tarehe 28/02/2025 kutokana na changamoto za kiutendaji.

Ninatambua umuhimu wa kutoa huduma endelevu kwa jamii, na hivyo tutahakikisha kuwa famasi itafunguliwa tena mara tu tatizo litakapokwisha au masuala yaliyosababisha kufungwa yatakaposhughulikiwa.

Ninashukuru kwa ushirikiano wenu na tunaomba radhi kwa usumbufu wowote utakaosababishwa.

Wako katika kujenga taifa,

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Auson B. Magige
Mfamasia II