Pharmacy Council Tanzania,
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15/09/2025

Fredrick Mathube,
P.O.Box 65003,
Dar-es-salaam, Tanzania
0735-560-950.

KUJIONDOA KUWA MFAMASIA MSIMAMIZI- HAMANE PHARMACY- MWANGA

Husika na kichwa cha Habari,

Mimi Fredrick Mathube, mfamasia msimamizi Hamane Pharmacy, Relichini Wilaya ya Mwanga, Mkoa wa Kilimanjaro, Najiondoa kusimamia shughuli zote zakitaaluma zinazoendelea kwenye famasi hiyo hii ni kutokana na kuhamishia shuguli zangu mkoani Dar-es-salaam, Hivyo sitowajibika kujibu ama kutetea chochote kinachohusiana na shughuli za kitaaluma kwenye famasi husika, aidha mmiliki atawajibika ndani ya siku 30 kutafuta mfamasia mwingine.

Wenu katika ujenzi wa taifa,

15/09/2025

Fredrick Mathube- Mfamasia.

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 HAMANE PHARMACY Facility Identification Number (FIN) 0103686

Physical address:

Street Kelichum Ward Mwanga District/Municipal Mwanga Kilimanjaro Region Kilimanjaro

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name FREDRICK MATHUBE PIN 0103473 Phone 0735 560 950

Address MOSHI - KILIMANJARO Email msthubejr@gmail.com

A.3. REASON(s) FOR CHANGE

RE-LOCATING FROM MOSHI TO DAR

Time frame of notification: (As per Contract) 30 days Signature [signature] Date 15/09/2025

A.4. OWNER'S DETAILS

Full Name HAMISI KIMHWA Phone Number 0742127200

Remarks Good Conduct

Signature [signature] Date 15/9/2025

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.