



THE UNITED REPUBLIC OF TANZANIA

PCF. 17



MINISTRY OF HEALTH

PHARMACY COUNCIL

NOTICE 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 NEIGHBOR CARE PHARMACY Facility Identification Number (FIN) 0100265
Physical address:
Street Camp Street Ward TABATA District/Municipal ILALA Region DAR ES SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name NCHAMBI S. CHARLES PIN 0103357 Phone 0752195559
Address MAKONDO, DAR ES SALAAM Email nchambi.charles@gmail.com

A.3. REASON(S) FOR CHANGE

CLOSURE OF BUSINESS.

Time frame of notification: (As per Contract) 1 Month Signature N. Charles Date 5/3/2024

A.4. OWNER'S DETAILS

Full Name DEBORA CHARLES MASITU Phone Number 0712478939
Remarks AGREED TO TERMINATE CONTRACT DUE TO CLOSURE OF BUSINESS.
Signature D. Masitu Date 5/3/2024

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.

NEIGHBORCARE PHARMACY

TABATA

DAR ES SALAAM

Mutual Termination Agreement and Dispute Settlement Made under the Employment and Labour Relations Act, No. 6 of 2004 reading together (Code of Good Practice) Rules, GN 42 of 2007, Article 3 (2) a)"

This Mutual Termination of Employment Agreement is entered on this 12th day of February 2024.

BETWEEN/ BAINA YA

NEIGHBORCARE PHARMACY duly registered by laws of the United Republic of Tanzania with its registered office located at TABATA DAR ES SALAAM , hereinafter called "the Employer"

AND/NA

NCHAMBI S. CHARLES, *A natural person of DAR ES SALAAM, Tanzania hereinafter called "the Employee"/*

**WHEREAS; /
YA KWAMBA:**

- a) Employee and employer enter into this agreement that they had an employment relation and parties have reached an agreement of terminating the said employment relations amicably due to the closure of the business.
- b) That, in regard to this agreement, employer and employee agree to terminate employment relation amicably.

NOW THEREFORE PARTIES AGREE AS FOLLOWS.

1. Both parties agree that on this 29th day of February 2024 the employer and employee will mutually terminate the employment agreement and resolve all the claims that could have been asserted relating to or arising under employment relation. /
2. That, this agreement is entered into free will and without any undue influence or coercion of any party either employer or employee after a long discussion and understanding of the business situation in details. /
3. That, after each party sign this agreement, EMPLOYER will pay an employee her remained salary which is TSH. 1,900,000, the same being the only payment agreed and there shall be no dispute arising on employment relation. /

NEIGHBORCARE PHARMACY
TABATA
DAR ES SALAAM

In witness by both parties, have set their hands as hereunder.

SIGNED/IMESAINIWA na ISSUED /KUTOLEWA by/na

MS: NCHAMBI S. CHARLES

Ambaye namtambua/ametambulishwa

Kwangu na.....

Ambaye namfahamu binafsi mbele yangu

Leo Date/tarehe 12 Month/Mwezi 02. 2024

N. Charles

EMPLOYEE

SHAHIDI/WITNESS

NAME/JINA: CARAME DAVO

Signature/Sahihi.....

SIGNED/IMESAINIWA and/na ISSUED/KUTOLEWA

On behalf of employer/kwa niaba ya mwajiri

MS: DEBORA CHARLES MASATU

Introduced to me by/Ambaye namtambua/ametambulishwa

Kwangu na.....

Who is known personally/namfahamu binafsi mbele yangu

Leo Date/ tarehe 12 Month/Mwezi 02. 2024

Debora Charles Masatu

EMPLOYER

WITNESS/SHAHIDI

NAME/JINA: PERUSI MASATU

Signature/Sahihi.....