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... AMANI PHARMACY ..... Facility Identification Number (FIN) 0100396

Physical address:

Street BOMBO AREA Ward CENTRAL District/Municipal TANGA CC Region TANGA.

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name MARY PATSON KILAWA PIN 010218 Phone 0718-558796

Address P.O BOX 452 TANGA Email Mkilawamary@gmail.com

A.3. REASON(s) FOR CHANGE

SHIFTING OF WORKPLACE.

Time frame of notification: (As per Contract) 30 Signature ..... Date 04/09/2025

A.4. OWNER'S DETAILS

Full Name HAMIDA SEIF MBILIKILA Phone Number 0682604004 / 0692061465

Remarks CHANGE OF WORKPLACE.

Signature ..... Date 19/08/2025

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.

AMBONI PHARMACY
S.L.P. 1357
TANGA.
01/07/2025.

BARAZA LA FAMASI,
KANDA YA KASKAZINI,
S.L.P 2770,
ARUSHA.

Ndugu,

YAH: KUSITISHA MKATABA NA MFAMASIA.

Rejea kichwa cha Habari hapo juu,

Mimi HAMIDA S. MBILIKILA ni mmiliki wa AMBONI PHARMACY yenye usajili namba 0100396 iliyopo mtaa wa Bombo Tanga, ninakiri kusitisha mkataba na mfamasia MARY PARTSON MLAWA (0102182) mnamo tarehe 01/07/2025 kwa sababu zilizo nje ya uwezo wangu.

Pamoja na barua hii nimeambatanisha nakala ya kuthibitisha kusitishwa kwa mkataba (PCF 17).

Naimani ombi langu litapewa kipaumbele.

Wako katika ujenzi wa taifa,

HAMIDA S. MBILIKILA

Mawasiliano: 0682604004 au 0692061465