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..... MUNAH PHARMACY ..Facility Identification Number (FIN)..0102528

Physical address:

Street.....BUZA.....Ward.....BUZA.....District/Municipal.....TEMEKE.....Region.....DAR-ES-SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name.....ABOTIX MLAMBA.....PIN ..0103170..Phone..0684028587

Address.....KIBAHA- PWANI.....Email.....abottomlamba@gmail.com

A.3. REASON(s) FOR CHANGE

.....END OF CONTRACT FROM 06/04/2024 to 06/04/2025.....

.....

Time frame of notification: (As per Contract) ..1 Month...Signature.....Date..04/03/2025

A.4. OWNER'S DETAILS

Full Name....VICTOR LUCIAN ASSENGA.....Phone Number..0756964638/0778298827

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.

ABOTTY MLAMBA
P.O.BOX 35841
KIBAHA - PWANI
04/03/2025

PHARMACY COUNCIL,
OFF MANDELA ROAD - MABIBO
P.O.BOX 31818,
DAR ES SALAAM.

REF: FAILURE TO SIGN A DOCUMENT FOR NOTIFICATION BY A PROPRIETOR FOR CHANGE OF SUPERINTENDENT AT BUZA TEMEKE - MUNAH PHARMACY

Refer to the above heading, My name is Abotty Mlamba as a pharmacist with PIN Number 0103170 Supervising a pharmacy known as Munah Pharmacy located at Buza Temeke Dar es salaam.

The aim of writing this letter is to inform the pharmacy Council that the owner of the pharmacy Mr Victor Lucian Assenga denied to sign the document for change of Superintendent as the result am no longer want to continue supervising that pharmacy since it is the end of My contract with him,

Therefore I decided to provide him one month from 4/03/2025 to 6/04/2025 so that he can find another Superintendent.

Yours faithfully

ABOTTY MLAMBA
0684-28587