



THE UNITED REPUBLIC OF TANZANIA

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 SAYI PHARMACY Facility Identification Number (FIN) 0300503
 Physical address:
 Street IGOGO Ward IBISA District/Municipal JENGEREMA Region MWANZA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name VELIAN VEMANCE PIN 0102988 Phone 0765-509397
 Address P.O. Box 1464 MWANZA Email venancevelian04@gmail.com

A.3. REASON(S) FOR CHANGE

Temporary closure of the business.

Time frame of notification: (As per Contract) _____

Signature [Signature]Date 14/08/2024

A.4. OWNER'S DETAILS

Full Name MARGRET H MBANDA Phone Number 0753 460 429
 Remarks _____
 Signature [Signature] Date 14/08/2024

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.

MAGRETH MBANDA

P.O BOX 130

MWANZA

14/08/2024

TO REGISTRAR

PHARMACY COUNCIL

P.O BOX 1277

DODOMA

Dear sir,

REF: REQUEST FOR TEMPORARY CLOSURE OF SAYI PHARMACY


I am MagrethMbanda, the owner of Sayi Pharmacy located at Igogostreet, Ibisabageni ward, Sengerema district, Mwanza region with facility identification number 0300503.

I am kindly requesting for the temporary closure of the respective pharmacy due to some financial problems that i have encountered currently. I am asking for the 90 days from 15th August, 2024 so that i may recover and come again to run my pharmacy.

Along with that, i am kindly asking your office to release my superintendent pharmacist Ms. Velian Venance with registration personal identification number 0102988 from Sayi pharmacy in the system so that she can be free to superintend other pharmacy because during the temporary closure i will not be able to pay the pharmacist.

It is with the great hope that my request will be taken into consideration.

Regards,


Martha Mbanda

Cc: LAKE ZONE MANAGER

MAGRETH MBANDA

P.O BOX 108

MWANZA

19/08/2024

TO REGISTRAR

PHARMACY COUNCIL

P.O BOX 1277

DODOMA

Dear sir,

**REF: TRANSFER OF MEDICINES FROM SAYI PHARMACY TO MAYUNGA
PHARMACY DUE TO TEMPORARY CLOSURE OF SAYI PHARMACY**

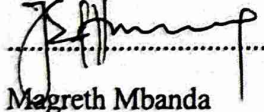
Heading above is concerned.

I, Magreth Mbanda, the owner of Sayi Pharmacy located at Igogo street, Ibisabageni ward, Sengerema district, Mwanza region with facility identification number 0300503 requested for temporary closure of Sayi Pharmacy on 14th August due to financial problem.

However, the medicine that were in Sayi pharmacy will be transferred to Mayunga Pharmacy located at Mkolani street, Nyamagana district, Mwanza region with facility identification number 0300443 for good storage condition and selling.

I hope that my request will be taken into consideration.

Regards,



Magreth Mbanda

0753460429

Cc: LAKE ZONE MANAGER

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

Made under Section 34 (1) of the Pharmacy Act Cap.311

FIN: 0300503

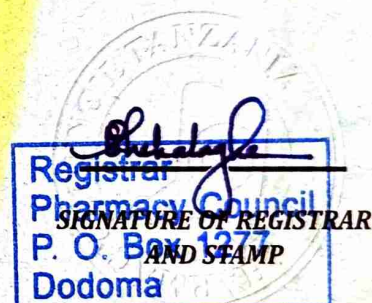
This is to certify that the premises owned by M/S Sayi Pharmacy of P.O Box 108, Mwanza located at Igogo Street, Ibisabageni, Sengerema Municipality/District in Mwanza Region has been registered for Retail and Wholesale to sell pharmaceutical and related products with Facility Identification Number (FIN) 0300503

Issued in: December 2022

Expires on: 30 June 2027

22-12-2022

DATE:



CONDITIONS

1. The premises and the manner in which the business is conducted must conform to the category of pharmacist business registered
2. This certificate does not authorize the holder to sell or supply medicines, medical devices and diagnostics illegally to unlicensed premises
3. Any changes such as ownership, superintendent pharmacist, business name, physical address and location of the registered premises shall be approved by the Pharmacy Council
4. This certificate is non transferable to other premises or to any other person
5. Both certificate and business permit shall be displayed conspicuously in the registered premises

