

## PHARMACY COUNCIL



**NOTIFICATION FOR CHANGE OF MANAGEMENT OF A PHARMACY**  
 (Made under regulation 17(1) Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) GN No. 267)

A. **TO BE COMPLETED BY THE SUPERINTENDENT AND OWNER**

**DETAILS OF THE PHARMACY**

Name of the pharmacy MLANGALI PHARMACY  
 Physical address:  
 Street LUDENA ROAD Ward MLANGALI  
 District/Municipal LUDENA  
 Region NTOMBE

**DETAILS OF SUPERINTENDENT**

Name MARIAM GC SIMIYU  
 Registration Number Q102504  
 Phone 0746002727  
 Address .....

**REASON(s) FOR CHANGE**

TRANSFERRED FROM NTOMBE REGION TO SIMIYU REGION

**TIME FRAME:** (Notify Registrar the time frame as per Contract)

ONE MONTH  
 Signature M. Simiyu  
 Date 20 August 2024

**OWNER REMARKS**

AGREEMENT IS OKAY  
 Name BENJAMIN MSILAMA NGAILO  
 Phone Number 0762272241/0629319418  
 Signature [Signature]  
 Date 20 August 2024

**FOR OFFICE USE ONLY****INSPECTION/REGISTRATION DEPARTMENT OR ZONAL MANAGER**

Recommendations.....  
 Name..... Designation..... Signature.....  
 Date.....

B. TO BE COMPLETED BY THE OWNER ONLY

**NEW SUPERINTENDENT**

Name of Superintendent GODFREY T ALENI

Physical address:

Street LUDEWA ROAD

Ward MLANGALI

District/Municipal LUDEWA

Region NJOMBE

Contacts of previous Superintendent 0746002727

Email of previous Superintendent simiyumariam0209@gmail.com

**QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT (To be attached)**

- (i) copies of registration certificate and valid license to practice
- (ii) Contract Agreement
- (iii) Commitment Letter

**REASONS FOR CHANGING THE MANAGEMENT**

TRANSFERRED FROM NJOMBE REGION TO SIMIYU REGION

C. FOR OFFICE USE ONLY

**INSPECTION/REGISTRATION OR ZONAL**

Recommendations.....

Name.....Designation.....Signature.....

Date.....

**NOTE;**

Failure to acquire the services of another superintendent within the mentioned time frame, shall lead to immediate closure of the premises as per Section 43 of the Pharmacy Act Cap 311.



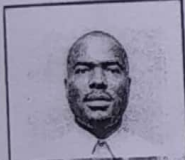
THE UNITED REPUBLIC OF TANZANIA

00002484

THE PHARMACY COUNCIL

# CERTIFICATE OF FULL REGISTRATION

(Section 20 of the Pharmacy Act, CAP. 311)



Full Name Godfrey T. Aleni

Registrar  
Pharmacy Council  
P.O. Box 1277  
Dodoma

I hereby certify that the following is a true extract from the entry in the Register relating to fully registered pharmacist details in respect of whom are set out below.

Registration		Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
PIN.	Date					
0103815	20th August, 2024	1st December, 1997	Tanzanian	P.O. Box 389 Geita	Bachelor of Pharmacy	Muhimbili University of Health and Allied Sciences 2022

Date 20th August 2024

[Signature]  
REGISTRAR

- NOTES: (1) This certificate affords immediate evidence of registration. In due course the name of the Pharmacist will be published in the list of registered Pharmacist published annually by the Council and reference should thereafter be made to the current Published list for evidence as to continue registration.
- (2) This Certificate is not an evidence of the identity of its holder of the named above and must not be used as such.



WIZARA YA AFYA, MAENDELEO YA JAMII, JINSIA, WAZEE NA WATOTO



BARAZA LA FAMASI



FOMU YA KUKIRI KUTEKELEZA MAJUKUMU YA MWANATAALUMA WA DAWA  
KWENYE MAJENGO YA KUTOLEA HUDUMA YA DAWA  
(kutoka katika Kifungu No. 44 (1) (a) cha Sheria ya Famasi)

SEHEMU YA KWANZA: - TAARIFA ZA MWANATAALUMA

- ☒ MFAMASIA ☐ FUNDI DAWA SANIFU ☐ FUNDI DAWA MSAIDIZI ☐ PHARM. DISP
1. Jina la mwanataaluma GODFREY T- ALENI PIN 0103815
2. Namba ya simu 0752-327626 barua pepe godfrey2t91@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 20/09/2024
4. Je, umehisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?  
(<http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php>) ☒ NDIYO, Stakabadhi Na. ☐ HAPANA

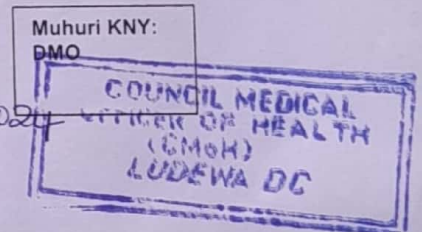
SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi GODFREY T ALENI mwenye  
taaluma ya dawa ngazi ya SHAHADA nakiri kwamba nitafanya  
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo  
MLANGALI PHARMACY FIN ..... lililopo katika  
Wilaya ya LUDUWA Mkoani Njombe  
Sahihi GP Tarehe 20/09/2024

Uthibitisho wa Mfamasia wa Halmashauri

Nadhibitisha kwamba mwanataaluma tajwa ni miongoni/ si miongoni mwa  
wanataaluma waliopo katika halmashauri ninayosimamia

Jina na Sahihi CHRISTINA KULWALE Tarehe 20/09/2024



SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) Flora M. Mwanu Kata ya Mtendaji

Nadhibitisha kwamba Ndugu GODFREY T. ALENI anaishi

langu mtaa/kijiji LUNDU kuanzia mwaka 2022

Sahihi Afisa mtendaji

Tarehe

20/09/2024

