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. DEPHA GREEN ..... Facility Identification Number (FIN). 0102842

Physical address:

Street. LONGERE ..... Ward. MWANANYAMALA ..... District/Municipal. KINONDONI ..... Region. DAR-ES-SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name. ANDREW ALBERT ..... PIN. 0102672 ..... Phone. 0657314692 .....

Address. MAKUMBI - KINONDONI - DAR-ES-SALAAM ..... Email. andrewalbert302@gmail.com.

A.3. REASON(s) FOR CHANGE

EXPIRATION OF CONTRACT BETWEEN SUPERINTENDENT AND PROPRIETOR

Time frame of notification: (As per Contract) ..... Signature. ..... Date. 27/12/2024 .....

A.4. OWNER'S DETAILS

Full Name..... Phone Number.....

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.

Andrew Albert
Phone +255657314692
Andrewalbert302@gmail.com.
Dar-es-Salaam
27/December 2024

The Registrar
Pharmacy council
P.O.box 31818,
Dar-es-Salaam

Re: Request for Termination of contract and Removal of Name from Depha Green pharmacy FIN/0/02843

I am writing to request the termination of my contract and the removal of name ANDREW ALBERT PIN 0/02672 The pharmacist in charge of Depha Green pharmacy, FIN 0/02843. Despite fulfilling my responsibilities, the pharmacy owner has failed to honor payment obligations and does not respond to communication attempts.

Due to these challenges, I seek your assistance in officialy ending this professional engagement.
Also serving me as I'm Leaving this region due to government allocations to work in different region.

Thank you for your understanding and support.

Yours faithfully,
Andrew Albert
Pharmacist