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...BELFAST.....Facility Identification Number (FIN)..0103575

Physical address:

Street..NAMANGA.....Ward..MSASANI.....District/Municipal...KINONDONI.....Region..DAR-ES-SALAAM

KIMWERI

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name...GODRIVER LUMBUGU.....PIN ..01028040..Phone..0767026091

Address..11277 DAR ES SALAAM.....Email...godliversalvador20@gmail.com

A.3. REASON(s) FOR CHANGE

.....THE OWNER'S FAILED TO HONOR THE CONTRACT CTERMS OF AGREEMENT.

Time frame of notification: (As per Contract) ..1 month.....Signature...G.....Date..17/04/2025...

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.

Godiver Lumbuga
P. O. Box 11277,
DAR ES SALAAM
17th April 2025
Tel: 0767026091
Email: godiversalvador20@gmail.com

Registrar,
Pharmacy Council,
P. O. Box 1277,
DODOMA.

OWNER'S FAILED TO HONOR THE TERMS OF AGREEMENT

Refer to the heading above, I am requesting to be removed as the superintendent of Belfast Pharmacy because the owners have refused to honor the terms that were agreed despite signing a contract with the agreed terms.

After following up on the payment as outlined in the original agreement which led to poor communication and their decision was not continuing working together.

I kindly require your assistance as I have already submitted the change of management form as per requirement.

Yours sincerely,
G. Lumbuga
Godiver Lumbuga.