KAM DAR ES SALAAM PHARMACY LTD

Dealers in: Health Service (Medicines, Hospital Equipments & Clinics)

Mobile: 0713 615663, E-mail: musikatz@yahoo.com

Ref: KCHS/VO.01/2024

18.03.2024

VICTORIA M SHAGEMBE.

MFAMASIA

KAM MWANANYAMALA.

YAH: KUFUNGA BIASHARA

Tafadhali husika na kichwa cha habari chajielezea.

Uongozi wa taasisi ya KAM Dar es salaam pharmacy Ltd kwa masikitiko makubwa tunakutaarifu kuwa kuanzia 30.03.2023 tunafunga duka la KAM Mwananyamala Pharmacy na hii ni kutokana na mwenendo wa biashara sio mzuri na mauzo kushuka kiasi cha kufikia shilingi 50,000/- kwa siku, kutokana na kipato hicho kampuni imeona kuna ugumu wa kuendelea na biashara hiyo mahali hapo, hivyo tunategemea kutafuta au kuhamisha sehemu nyingine pindi itakapowezekana.

KAM Dar es salaam Pharmacy ltd inapenda kuchukomba uungane nasi katika maamuzi ya kufunga duka hilo (KAM Mwananyamala Pharmacy) na kusitisha ajira ya wafanyakazi wote akiwemo superintendent pharmacist na pharmaceutical technicians wote ifikapo tarehe 30.03.2024.

Aidha kampuni inakushukuru kwa kuitumikia kwa kipindi chote ulichokuwa nasi na kukutakia majukumu mema na karibun tena.

Asante

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Kny, Mkurugenzi

KAM DSM PHARMACY LTD

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... KAM PHARMACY ..... Facility Identification Number (FIN) 0100456

Physical address:

Street. MALANGA ..... Ward NIWANJANYAMALA ..... District/Municipal KINONDONI ..... Region DAR-ES-SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name. VICTORIA SHAGEMBE MICHAEL ..... PIN 1160 ..... Phone 0682-015395

Address. P.O. BOX 36009 KIGAMBONI ..... Email. victoria.shagembe@gmail.com

A.3. REASON(s) FOR CHANGE CLOSURE OF BUSINESS PREMISE

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Time frame of notification: (As per Contract) A MONTH ..... Signature ..... Date 02/04/2024

A.4. OWNER'S DETAILS

Full Name. KAM DAR-ES-SALAAM PHARMACY LTD ..... Phone Number 0715 615663

Remarks.....

Signature. ..... Date. 02/04/2024

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.