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..... VOLCANO .....

Physical address:

Street.. MATUMBI .....Ward.. MATUMBI .....District/Municipal.. TEMEKE .....Region.. DAR ES SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name... RESTA GEORGE NGIMBA .....PIN 04055881 Phone 0623184997

Address.. P.O.BOX 1114 Dar es Salaam .....Email.. ngimborosta@gmail.com

A.3. REASON(s) FOR CHANGE The pharmacy has been closed.

Time frame of notification: (As per Contract) ~~1 Week~~ 30 Days .....Signature.....Date 2nd MAY 2025

A.4. OWNER'S DETAILS

Full Name.. IBRAHIM A. THHA .....

Remarks.....Phone Number.. 0754747363

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.

Resta . G. Ngimba,
P.O.Box 1114,
Dar es salaam,
21st MAY 2025

Registrar
Pharmacy Council Tanzania
P.O.Box 31818
Dar es salaam

Re; Request for Termination of practicing Licence

Dear sir/Madam

I am writing to formally request the termination of my practicing licence as a pharmaceutical technician at Volcano Pharmacy. Due to unforeseen circumstances involving the bankruptcy of the pharmacy where I have been employed and after unsuccessful attempts to obtain clarity or assistance from the former owner regarding the resolution of my professional obligations, I have decided that it is in my best interest to discontinue my practice.

I respectfully request that you initiate the necessary procedure to terminate my practicing licence. Please inform me of any documentation or further steps required on my part to complete this process.

Thankx you for your time and attention to this matter. I am confident that this forward-thinking decision will allow me to reassess my career path and explore alternative opportunities that align with my professional skills and personal aspirations. Please do not hesitate to contact me via email or phone if you require any addition information.

Sincerely

Ngimba

Resta Ngimba
0623184997 / 0758308256
ngimbaresta@gmail.com