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 Elohim Pharmacy Facility Identification Number (FIN) 02001.55

Physical address:

Street Mwanza road Ward Madhani District/Municipal Dodoma M.C Region Dodoma

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name Dr. Raphael M. PIN 0103203 Phone 0675694002

Address Email buphanaraet@gmail.com

A.3. REASON(s) FOR CHANGE

Mutual agreement

Time frame of notification: (As per Contract) Immediate Signature [signature] Date 10/04/2025

A.4. OWNER'S DETAILS

Full Name BARAKA NTAULINGO Phone Number 0767 444 899

Remarks

Signature [signature] Date 10/04/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name BARAKA NTAULINGO PIN 0100544 Phone Number 0767 444 899 Email luhwana@gmail.com

Physical address:

Street Box 2500 Ward MADHANI District/Municipal DODOMA Region DODOMA

Details of Previous pharmacy:

Name of Pharmacy ELOHIM PHARMACY FIN District/Municipal DODOMA Region DODOMA

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

PHARMACY COUNCIL RECEIVED 13 MAY 2025 P.O. Box 1277, DODOMA

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.

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DECLARATION FORM FOR PHARMACY OWNERS WHO ARE PHARMACEUTICAL PERSONNEL

(Made under Section No. 43 (1) (a) of the Pharmacy Act 2011)

Cadre: Pharmacist ☑ Pharm. Technician ☐ Pharm. Assistant ☐ Pharm. Dispenser ☐

Owner's Responsibilities: Superintendent ☑ Other Pharmaceutical Personnel ☐

I BARAKA NYALINGO with Personal Identification Number (PIN) 0100544 of Year _____, residing at DODOMA district, in DODOMA Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named ELOTTIM PHARMACY, with Facility Identification Number (FIN) 0200155 of year _____, located at MADUKANI, DODOMA MC District, DODOMA Region with a Business Tax Identification Number (TIN) 151-418-025 (**TIN Certificate to be attached**)***.

As the owner of the named pharmacy, I shall abide to all obligations as a proprietor and I will comply with the Laws, Regulations, Guidelines and Standards prescribed by the Council and other relevant authorities in running the business of a pharmacist.

In case I fail to adhere to these legislations, I shall be responsible and liable for being subjected to a professional misconduct.

Phone: 0767 444899 Email Address: luhwano@gmail.com

Signature: _____ Date: 10/04/2025

NOTE: This form shall be a substitute of the **Contract agreement** to pharmacists / Other Pharmaceutical Personnel who owns a pharmacy at same time they are superintendent/practice as other pharmaceutical personnel in the pharmacy.

In this case, the owner shall abide to obligations/ scope of practice as stated under The Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) Regulations, 2020.

*** **Mandatory**

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 BARAKA NYALINGO PIN 0100540
2. Namba ya simu 0767 444899 barua pepe luhwangegmail.com
3. Tarehe ya mwisho kuhuisha jina *(Retention)*………………..
4. Je, umehuisha 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 BARAKA L. NYALINGO mwenye taaluma ya dawa ngazi ya SHAHADA nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo ELOHIM PHARMACY FIN ……………… lililopo katika Wilaya ya DODOMA Mkoani DODOMA

Sahihi [signature] Tarehe 10/04/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Muhuri KNY: DMO

CITY COUNCIL OF DODOMA
P.O. Box 1249, DODOMA
MEDICAL OFFICER
OF HEALTH

Jina na Sahihi George Hondi [signature] **Tarehe** 28/04/2025

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) Debora L. Malai Kata ya Viwandani.

Nathibitisha kwamba Ndugu Baraka Nyalingo anaishi langu mtaa/kijiji TOFIKI, kuanzia mwaka 2020

Muhuri Mtendaji

AFISA MTENDAJI.
MTAA WA TOFIKI
KATA YA VIWANDANI

Sahihi Afisamtendaji [signature]

Tarehe 16-04-2025

THE UNITED REPUBLIC OF TANZANIA

PHARMACY COUNCIL

LICENSE TO PRACTICE

The Pharmacy Act

(Made under Sect.22 of The Pharmacy Act No. 1 of 2011)

I Hereby Certify that

BARAKA NYAULINGO

PIN NO: 0100544

Having complied with the provision of Section 22 of The Pharmacy Act, Cap 311 is entitled to practice as a **Full Registered Pharmacist** upon the terms and subject to the conditions set forth in the aforesaid Act and its Regulations thereto.

Issued:**01 July 2011**

Expires on:**31 December 2025**

Registrar
Pharmacy Council