



THE UNITED REPUBLIC OF TANZANIA

PCF. 17



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 Madhuni District/Municipal Dodoma M.C Region Dodoma

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name Bmo Raphael M. PIN 01032023 Phone 0675 694002
Address Email buphanorare@gmail.com

A.3. REASON(S) FOR CHANGE

Mutual agreement

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

A.4. OWNER'S DETAILS

Full Name BARAKA NTAULINGO Phone Number 0767 444899
Remarks
Signature [Signature] Date 10/04/2025

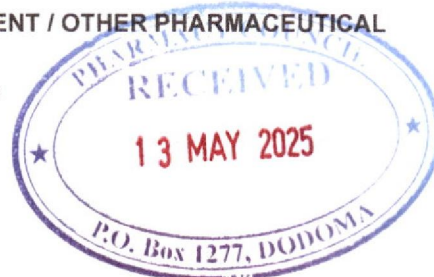
B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name BARAKA NTAULINGO PIN 0100544 Phone Number 0767 444899 Email Luhwano@gmail.com
Physical address:
Street Box 2500 Ward MADHUNI 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



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 NYAULINGO 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
District, DODOMA Region with a Business Tax Identification Number (TIN) 151-412-025
(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 448899 Email Address: luhwan@gmail.com

Signature: [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



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 NYAULINGO PIN 0100544
2. Namba ya simu 0767 444899 barua pepe luhwan@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention)
4. Je, umehisha 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:

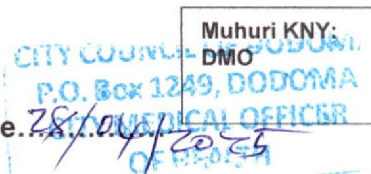
Mimi BARAKA L NYAULINGO mwenye taaluma ya dawa ngazi ya SHAHADA nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo ELOTHI PHARMACY FIN lililopo katika Wilaya ya DODOMA Mkoani DODOMA Sahihi [Signature] Tarehe 10/04/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi George Hondi

Tarehe 28/04/2025



SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Itibitishwe na: Afisa Mtendaji

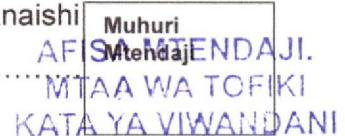
Jina la mtendaji (Kata) Deborah L. Malai Kata ya Viwandani
Nathibitisha kwamba Ndugu Baraka Nyaulingo anaishi langu mtaa/kijiji TOFIKI kuanzia mwaka 2020

Sahihi Afisamtendaji

Tarehe

Baraka

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*

