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 PARAMEDICS PHARMACEUTICALS Facility Identification Number (FIN) 0200345

Physical address:

Street KIBADA Ward UVUMBA District/Municipal KIGAMBONI Region DAR ES SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name AURELIA GABRIEL TUNGILAYO PIN 0407987 Phone 0781690699

Address KIGAMBONI - KIBADA Email aurel.agabriel06@gmail.com

A.3. REASON(s) FOR CHANGE

Change of residence

Time frame of notification: (As per Contract) 1 month Signature [signature] Date 12.11.2025

A.4. OWNER'S DETAILS

Full Name JACKLINE BALTHAZARY KIMARO Phone Number 0753116360

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.

AURELIA GABRIEL TUNGILAYO,

PHARMACEUTICAL TECHNICIAN,

DAR-ES-SALAAM-TANZANIA.

13.11.2025

MSAJILI BARAZA LA FAMASI,

P.O.BOX 1277

DODOMA, TANZANIA.

Ndugu,

YAH: MAOMBI YA KUONDOA LESENI YANGU KWENYE FAMASI YA PARAMEDICS PHARMACEUTICALS CO. LTD.

Tafadhali husika na kichwa cha habari tajwa hapo juu. Mimi ni fundi sanifu dawa mwenye PIN NO 0407987. Naomba kuondolewa kwenye mfumo wa DUKA LA DAWA lililopo KIGAMBONI KIBADA, PARAMEDICS PHARMACEUTICALS COMPANY LIMITED lenye FIN NO 0200345 kutokana na sababu ya kubadili kazi. Nimeambatanisha leseni yangu, fomu namba 17 ya "NOTICE FOR CHANGE OF MANAGEMENT", pamoja na barua yangu ya kuomba kampuni itafute fundi sanifu dawa atakayeniwakilisha muda wa mwezi mmoja tangu tarehe 12.10.2025. Naomba kuondolewa kwenye mfumo wa famasi yao, sikufanikiwa kujaziwa sehemu ya mmiliki wa famasi kutokana na kuwapigia simu bila mafanikio, hivyo nimejaza sehemu yangu tu kwenye fomu.

Natanguliza shukrani zangu za dhati nashukuru kwa ufanyia kazi maombi yangu.

Wako mtiifu

Aurelia Gabriel Tungilayo.