Zuberi Abdi,
S.L.P 615,
KOROGWE.
01/09/2025.

BARAZA LA FAMASI,
JENGO LA NSSF-KALOLENI PLAZA,
GHOROFA YA 3
S.L.P 15353,
ARUSHA.

YAH; KUSITISHWA KWA LESINI AMBAYO INATUMIKA KINYUME CHA MATAKWA YANGU NA PIA KINYUME CHA TARATIBU NA SHERIA.

Husika na kichwa cha somo tajwa hapo juu.

Naitwa Zuberi Abdi, mteknolojia dawa mwenye usajili wa namba 0402827 nikiyekuwa nikisimamia duka la dawa Gateway kuanzia juni 2024 hadi tarehe 30 juni 2025 (mkataba wa mwaka mmoja). Cha kusikitisha lesen yangu inaendelea kuhuishwa na kutumika katika duka hilo bila mimi kushirikishwa.

Nina fahamu kuwa, utaratibu wa baraza unaelekeza kila ifikapo tarehe 30 juni kila mwaka, wamiliki wa maduka wanatakiwa kuhuisha vibali vya jengo na wanataaluma na kwa kipindi hicho sikuwepo kazini (nilimaliza mkataba)

Naomba kupitia barua hii kusitishwa mara moja matumizi ya lesen namba 0402827 katika duka la dawa Gateway lenye usajili wa namba 0101085.

Wako katika ujenzi wa taifa.

Zuberi Abdi
Mteknolojia dawa

simu: 0654768613

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: GATEWAY PHARMACY Facility Identification Number (FIN): 0101085

Physical address: Street: BUS STAND Ward: GENGE District/Municipal: MUHEZA Region: TANGA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: ZUBERI ABDI PIN: 0402827 Phone: 0654768613

Address: P.O.BOX 615, KOROGWE Email: shekuwazuberi@gmail.com

A.3. REASON(s) FOR CHANGE

END OF CONTRACT ON 09/04/2025

Time frame of notification: (As per Contract) 1 MONTH Signature: [signature] Date: 01/09/2025

A.4. OWNER'S DETAILS

Full Name: YAHAYA ABUBAKARI MBURA Phone Number: 0713860743

Remarks: The Owner is more cooperative

Signature: [signature] Date: 01/09/2025

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 ..... Designation ..... Signature ..... Date .....

Full Name .....

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.