PHARMACY COUNCIL
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P.O. Box 93, MWANZA

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 GREENLEAF PHARMACY Facility Identification Number (FIN) 0102672

Physical address:
Street MJIMI KATI Ward MAIONGO District/Municipal TARIME Region MARA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name FATUMA ISMAIL ADEN PIN 010385.81 Phone 0719 130540
Address P.O Box 9191, DARES-SALAAM Email adenfatuma16@gmail.com

A.3. REASON(s) FOR CHANGE

Relocating to another region for work purposes

Time frame of notification: (As per Contract) 1 Signature [signature] Date 12/11/2024

A.4. OWNER'S DETAILS

Full Name SIMON SILAS KISIGRO Phone Number 0758081747
Remarks
Signature [signature] Date 11/04/025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name NAOMI M. KUNAMILA PIN 010363.31 Phone Number 0757845887 Email naomikunamila@gmail.com

Physical address:
Street NYAMSWA Ward BUKAMA/NYAMSWA District/Municipal BUNDA Region MARA

Details of Previous pharmacy:
Name of Pharmacy ALA PHARMACY FIN 010180.7 District/Municipal Nyamagana Region MWANZA

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.

CamScanner

AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

SIMON SILAS KISIGIRO

(PROPRIETOR)

AND

NAOMI MICHAEL KUNAMILA

(SUPERINTENDENT)

8. The Council will accept additional clauses but this Agreement is a generic contract for guidance only.

IN WITNESS WHEREOF the parties hereto have duly signed and sealed this presents on the date and in the manner herein after appearing.

Signed and delivered by the parties at this 01st day of APRIL 20 25

SIGNED and DELIVERED at TARIME by the said SIMON SILAS KISIGIRO who is known to me personally/~~identified~~ to me by ....the latter being personally known to me this 01st day of April 20 25

PROPRIETOR

In the presence of:
Name: PILLY OTAIGO MARWA
Designation: ADVOCATE
Signature: Otaigo
Address: 14 TARIME
Date: 1/04/2025

Pilly Otaigo Marwa
P.O.Box 14 Tarime
Advocate, Notary Public & Commissioner for Oaths

Signed and delivered by the parties at this _____ day of _____ 20_____

SIGNED and DELIVERED at TARIME by the said NAOMI M. KUNAMILA who is known to me personally/~~identified~~ to me by ....the latter being personally known to me this 01st day of April 20 25

SUPERITENDENT

In the presence of:
Name: PILLY OTAIGO MARWA
Designation: ADVOCATE
Signature: Otaigo
Address: 14 TARIME
Date: 1/04/2025

Pilly Otaigo Marwa
P.O.Box 14 Tarime
Advocate, Notary Public & Commissioner for Oaths

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 NAOMI M. KUNAMILA PIN 0103631
2. Namba ya simu 0757 845687 barua pepe naomikunamila@gmail.com
3. Tarehe ya mwisho kuhuisha jina *(Retention)* 20/12/2024.
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. GWX10133465333 4 ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi NAOMI MICHAEL KUNAMILA mwenye taaluma ya dawa ngazi ya SHAHADA nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo GREENLEAF PHARMACY FIN 0102672 lililopo katika Wilaya ya TARIME Mkoani MARA

Sahihi Kunamila. Tarehe 01/04/2025.

Uthibitisho wa Mfamasia wa Halmashauri

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

Muhuri KNY DMO

Jina na Sahihi LYDIA TIIGWERA **Tarehe** 02/04/25

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) HANINGTON T. MUGABE Kata ya NYAMUSWA

Nathibitisha kwamba Ndugu. NAOMI M. KUNAMILA anaishi langu mtaa/kijiji NYAMUSWA, kuanzia mwaka 2024

Muhuri Mtendaji AFISA MTENDAJI KATA YA NYAMUSWA BUNDA

Sahihi Afisamtendaji **Tarehe** 03/04/2025