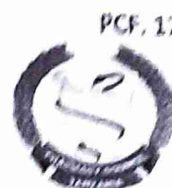




THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL



NOTICE 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 MJIM KATI Ward MAIONGU District/Municipal TARIME Region MARA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name ADUMA LEMAIL ADEN PIN 0103581 Phone 0719 130540
Address P.O. Box 9191, DAR-ES-SALAAM Email adenfatumal@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 SIMON KISIMBO Phone Number 0758081747
Remarks
Signature [Signature] Date 11/04/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name NAOMI M. KUNAMILA PIN 0103631 Phone Number 075784587 Email naomikunamila@gmail.com
Physical address:
Street NYAMSWA Ward BUKAMA/NYAMSWA District/Municipal BLUNDA Region MARA

Details of Previous pharmacy:
Name of Pharmacy ALA PHARMACY FIN 0101807 District/Municipal Nyamungu 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.

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 SILVE 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

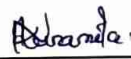
Signature: Chianza

Address: 14 TARIME

Date: 1/04/2025

Signed and delivered by the parties at this _____ 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: Chianza

Address: 14 TARIME

Date: 1/04/2025



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, umehuisa 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 GWPX101334653334 ☐ 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 litwaloo
GREENLEAF PHARMACY FIN 0102672 lililopo katika
Wilaya ya TARIME Mkoani MARA
Sahihi Khamla Tarehe 01/04/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi LYDIA TJIGWERA Tarehe 02/04/2025



SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Itthibitishwe 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

Sahihi Afisamtendaji

Tarehe

03/04/2025

