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... MPITA PHARMACY ..... Facility Identification Number (FIN).....

Physical address:

Street.. KINYAMWEZI Ward..... District/Municipal.. MKURANGA Region. PWANI

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..... HADIJA ALLY ..... PIN ..01.01.263 Phone.. 0685 505071

Address.... DSM ..... Email.....

A.3. REASON(s) FOR CHANGE

..... YAMENI PROBLEM .....

.....

.....

Time frame of notification: (As per Contract) ..... Signature.. H Ally ..Date.. 4-7-2025

A.4. OWNER'S DETAILS

Full Name..... Phone Number.....

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.

Hadija Ally
S.L.P
DAR-ES SALAAM
0635 505071

4-07-2025

MSAJILI
BARAZA LA FAMASI
S.L.P 31818
DSM

PHARMACY COUNCIL
RECEIVED
04 JUL 2025
P.O. Box 31818, DAR ES SALAAM

YAH: KUVUNJA MKATABA WA KUSIMAMIA FAMASI

NDugu msajili husika na kichwa cha habari hapo juu.

(Mimi mfamasia HADIJA ALLY ninaesimamia famasi iitwayo MPITA PHARMACY ya ndugu HAIRU MUHIDINI MPITAMUMO iliyopo mkoa wa Pwani.

Niraomba Kuvunja mkataba kati yangu na ndugu HAIRU MUHIDINI Leo tarehe 4-7-2025 kwa Sababu za Kutokubekeleza malipo kama mkataba weto uliyoeleza kwa Kulipa shilingi laki saba (700,000/=) kwa kila mwezi, mwisho wa Kulipa ilikua tarehe 25-04-2025.

Wako mtiifu
Hadija Ally
H. Ally