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..SELE PHARMACY.....Facility Identification Number (FIN)..0103276

Physical address:

Street..TIC STREET.....Ward..NYASA.....District/Municipal..MASASI MJINI..Region..MTWARA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..EMMANUEL J. JIDAMILA.....PIN..0102399..Phone..0767192470

Address..P.O.BOX 447 MASASI TOWN COUNCIL.....Email..jidamilaem@gmail.com

A.3. REASON(s) FOR CHANGE

(i) No payment for some months, and delay of payment for some months

(ii) I have been employed outside of Mtwara Region, which is far away.

Time frame of notification: (As per Contract) ..30 days...Signature.....Date..17/4/2025

A.4. OWNER'S DETAILS

Full Name..ALOYCE SULEMAN PAMAS.....Phone Number..0767462712 / 0625710749

Remarks.....

Signature..... Date..10/04/2025

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.....

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.

EMMANUEL .S. FIDAMILA,
P.O. BOX 447,
MASASI - MTWARA.
10/04/2025.

REGISTRAR,
PHARMACY COUNCIL,
P.O. BOX 1277,
DODOMA.

Dear Sir,

RE; TERMINATION OF CONTRACT TO SUPERVISE SELE PHARMACY.

Refers to the heading above,
Iam Emmanuel .S. Fidamila, a registered Pharmacist with registration number 0102399 of April 2021.

I request to terminate Contract of Agreement to supervice sele Pharmacy, which is located at Tic Street, Nyasa in Masasi Town Council - Mtwara, due to the following reasons; firstly the proprietor does not make Cooperation with me, He does not respond actively, secondly the proprietor did not pay me almost two months now, thirdly I have been employed outside of Mtwara region, which is far away.

I have Tried my best to Contact, and make communication with the proprietor, He does not show Cooperation to me, not responding my Calls, which has lead not to fill the form for change of Management or Pharmaceutical Personell.

I hope my request will be Considered,

Sincirely
Emmanuel .S. Fidamila (PIN 0102399)

PHONE 0767192470