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: IMANI PHARMACY ..... Facility Identification Number (FIN): 0103009

Physical address:

Street: Hostel, Kurudhi Ward: Mtongani ..... District/Municipal: Kinondoni ..... Region: Dar-es-salaam

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: Wajisheikh A. Mruma ..... PIN: 0103514 ..... Phone: 0685522795

Address: 1373, Arusha ..... Email: Wajisheikh@gmail.com

A.3. REASON(s) FOR CHANGE

Closing of Pharmacy business

Time frame of notification: (As per Contract) 7 days ..... Signature: ..... Date: 15/08/25

A.4. OWNER'S DETAILS

Full Name: Victory Jared Otieno ..... Phone Number: 0656-925572

Remarks: Good conduct

Signature: ..... Date: 15/08/25

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.

YAH: TAARIFA YA KUFUNGA BIASHARA YA FAMASI KWA AJILI YA MAREKEBISHO NA KUVUNJA MKATABA NA MFAMASIA

Kwa
Katibu Mtendaji
Baraza la Famasi
S. L. P. 31818
Dar es Salaam, Tanzania

Tarehe: 14.08.2025

Mheshimiwa,

Mimi **Victoria Jared Otieno** , mmiliki wa **Imani pharmacy** iliyopo plot ***No.8 Hostel-kunduchi, Mtongani, Kinondoni Dar es salaam*** yenye (FIN) **0103009**, naandikia barua hii kukujulisha rasmi kuwa nimeamua kufunga biashara ya famasi kuanzia tarehe 5/08/2025 kwa ajili ya kufanya marekebisho/ukarabati wa miundombinu na mabadiliko mengine muhimu. Ambapo famasi hii Hafungwa Kwa Muda wa Miezi Mitatu (3) kuanza tarehe tajwa hapo juu.

Aidha, kutokana na mabadiliko haya, naomba kukuarifu kuwa nimevunja mkataba wa ajira na mfamasia aliyekuwa akisajiliwa chini ya famasi hii kuanzia tarehe 5/08/2025.

Pamoja na barua hii, nimeambatanisha vibali na nyaraka zote nilizopewa awali na Baraza la Famas (nakala ya leseni ya famasi,kibali cha mfamasia) ambavyo natakiwa kuvirudisha kwa mujibu wa masharti ya usajili na uendeshaji wa famasi.

Ninaahidi kushirikiana na Baraza lako katika taratibu zote zinazohitajika ili kuhakikisha mchakato huu unakamilika ipasavyo.

Wako mwaminifu,

Y. Otieno.

Victoria Jared Otieno
0656925572