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 NICKY PHARMACY Facility Identification Number (FIN) 0300340

Physical address:

Street SOKONI Ward MKWAJUNI District/Municipal SONGWE Region SONGWE

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name ..... PIN ..... Phone .....

Address ..... Email .....

A.3. REASON(s) FOR CHANGE shifted from the region.

.....

Time frame of notification: (As per Contract) ..... Signature ..... Date .....

A.4. OWNER'S DETAILS

Full Name PHILEMON NICKSON MGINA Phone Number 0755978767

Remarks .....

Signature ..... Date 17/07/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name FADHILI M RAJHID PIN 0103970 Phone Number 0716169993 Email Fadhilimbano@gmail.com

Physical address:

Street CHUDEKO Ward MKWAJUNI District/Municipal SONGWE Region SONGWE

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.

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... FADHILI M RASHID ..... PIN ..... 0103970.
2. Namba ya simu..... 0716169993 ..... barua pepe ..... Fadhilimbano@gmail.com.
3. Tarehe ya mwisho kuhuisha jina *(Retention)*..... 27/03/2025.
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. ..... ☑ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi... FADHILI M. RASHID ..... mwenye taaluma ya dawa ngazi ya ..... FAMASI ..... nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo ..... NICK PHARMACY ..... FIN 0300340 ..... lililopo katika Wilaya ya SONGWE ..... Mkoani SONGWE .....

Sahihi ..... Tarehe 11/05/2025.

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 Adriano Julius **Tarehe** 16/5/25

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata)..... PAULINA EMANUEL ..... Kata ya... MKWAJUNI

Nathibitisha kwamba Ndugu FADHILI M. RASHID ...anaishi langu mtaa/kijiji... MKWAJUNI ...kuanzia mwaka... 11/05/2025

Muhuri Mtendaji: AFISA MTENDAJI KATA KATA YA MKWAJUNI S.L.P 01 SONGWE DATE ....

Sahihi Afisamtendaji ..... **Tarehe** 18/06/2025

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... FADHILI M RASHID ..... PIN ..... 0163970.
2. Namba ya simu... 0716169993 ..... barua pepe ..... Fadhilimbano@gmail.com.
3. Tarehe ya mwisho kuhuisha jina *(Retention)*... 27/03/2025.
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. ..... ☑ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi... FADHILI M. RASHID ..... mwenye taaluma ya dawa ngazi ya ..... FAMASI ..... nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo ..... NICK PHARMACY ..... FIN 0300340 ... lililopo katika Wilaya ya SONGWE ..... Mkoani SONGWE .....

Sahihi ..... Tarehe 11/05/2025.

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 Adriano Julius **Tarehe** 16/5/25

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) PAULINA EMANUEL Kata ya... MKWAJUNI

Nathibitisha kwamba Ndugu FADHILI M. RASHID ...anaishi langu mtaa/kijiji... MKWAJUNI ...kuanzia mwaka... 11/05/2025

Muhuri Mtendaji: AFISA MTENDAJI KATA KATA YA MKWAJUNI S.L.P 01 SONGWE DATE ....

Sahihi Afisamtendaji ..... **Tarehe** 18/06/2025