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..... AST PHARMACY .....Facility Identification Number (FIN)..0300138

Physical address:

Street..... LITUNY .... Ward SONGEA TOWN ... District/Municipal.. SONGEA TOWN ... Region. RUVUMA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name. PAUL GAUFRID KOMBA ..... PIN .0102562 ... Phone..... 0623562362

Address..... P.O. BOX 366 MBINGA ..... Email.... kombapg.94@gmail.com .....

A.3. REASON(s) FOR CHANGE END OF CONTRACT TIME

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Time frame of notification: (As per Contract) ONE MONTH .... Signature..... Date 16/09/2025

A.4. OWNER'S DETAILS

Full Name.... ALPHONCE STEVEN NGONYANI ..... Phone Number 0764684940

Remarks.....

Signature..... Date 16/10/2025

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.

ALPHONCE STEVEN NGONYANI,
S.L.P 653,
SONGEA.
17/09/2025.

BARAZA LA FAMASI,
S.L.P _____,
DODOMA.

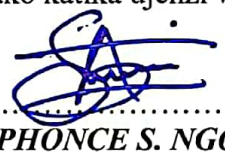
YAH: KUSITISHA HUDUMA YA AST PHARMACY KWA MUDA.

Tafadhali husika na somo tajwa hapo juu.

Mimi Alphonce S. Ngonyani ni mmliki wa AST PHARMACY iliyopo Songea mjini mkoa wa Ruvuma yenye **FIN No. 0300138**. Ninaomba kutaarifu mamlaka ya pharmacy kuwa huduma katika famasi tajwa hapo juu imesitishwa kwa muda kwasababu ya changamoto ya chumba cha biashara na dawa zilizokuwepo katika duka hilo zimepelekwa kwenye duka lingine ninalomiliki ambalo ni **AST PHARMACY Majengo Branch** yenye **FIN No. 0102982** lililopo Songea Mkoa Ruvuma.

Natumaini taarifa yangu itasikilizwa.

Wako katika ujenzi wa Taifa.



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ALPHONCE S. NGONYANI