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...BLUELIGHT PHARMACY...Facility Identification Number (FIN).0103285

Physical address:

Street.KILUVYA KWA KOMBO...Ward....KILUVYA.....District/Municipal..KISARAWE.....Region..PWANI

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..ADILI ZACHEO MSELUKA.....PIN .0103691.....Phone..0766569082

Address....KIMARA, DAR ES SALAAM.....Email..adilimsa524@gmail.com.....

A.3. REASON(s) FOR CHANGE

The owner is a pharmacist and he decided to start superintending his own pharmacy.

Time frame of notification: (As per Contract) 24hrs.....Signature..tmb.....Date..04/04/2025.

A.4. OWNER'S DETAILS

Full Name...GREAD SAMES GUMBO.....Phone Number.0752325995

Remarks...Am a pharmacist and I have decided to superintend my own pharmacy.

Signature..tmb..... Date..04/04/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name GREAD SAMES GUMBO...PIN0102723.. Phone Number.0752325995..Email..greadgumbo@gmail.com

Physical address:

Street KILUVYA 'B'....Ward..KIMARA.....District/Municipal...UBUNGO.....Region..DAR ES SALAAM

Details of Previous pharmacy:

Name of Pharmacy..BLUELIGHT PHARMACY.....FIN0103285... 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.

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DECLARATION FORM FOR PHARMACY OWNERS WHO ARE PHARMACEUTICAL PERSONNEL

(Made under Section No. 43 (1) (a) of the Pharmacy Act 2011)

Cadre: Pharmacist ☑ Pharm. Technician ☐ Pharm. Assistant ☐ Pharm. Dispenser ☐

Owner's Responsibilities: Superintendent ☑ Other Pharmaceutical Personnel ☐

I GREAD JAMES GUMBO with Personal Identification Number (PIN) 0102783 of Year 2022, residing at UBUNGO district, in DAR ES SALAAM Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named BLUELIGHT PHARMACY, with Facility Identification Number (FIN) 0103285 of year 2024, located at KUARAWE District, PWANI Region with a Business Tax Identification Number (TIN)_____ **(TIN Certificate to be attached)*****.

As the owner of the named pharmacy, I shall abide to all obligations as a proprietor and I will comply with the Laws, Regulations, Guidelines and Standards prescribed by the Council and other relevant authorities in running the business of a pharmacist.

In case I fail to adhere to these legislations, I shall be responsible and liable for being subjected to a professional misconduct.

Phone: 0752325995 Email Address: greadgumbo@gmail.com

Signature: Gmbo Date: 04/04/2025.

NOTE: This form shall be a substitute of the **Contract agreement** to pharmacists / Other Pharmaceutical Personnel who owns a pharmacy at same time they are superintendent/practice as other pharmaceutical personnel in the pharmacy.

In this case, the owner shall abide to obligations/ scope of practice as stated under The Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) Regulations, 2020.

*** **Mandatory**

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..GREAD JAMES GUMBO PIN ..0102783.....
2. Namba ya simu..0752325995..... barua pepe ..greadsymbo@gmail.com
3. Tarehe ya mwisho kuhuisha jina *(Retention)* December, 2024
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...GREAD JAMES GUMBO..... mwenye taaluma ya dawa ngazi ya .....MFAMASIA..... nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo ..BLUELIGHT PHARMACY..... FIN 0103285..... lililopo katika Wilaya ya ..KISARAWE..... Mkoani .....PWANI.....

Sahihi .....Gumbo..... Tarehe ....30/05/2025.....

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 ..LILIAN CRONERY..... **Tarehe**.....29/5/2025

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata)..ELNES MWAKANYAMALE. Kata ya..KIMANZA.....

Nathibitisha kwamba Ndugu..GREAD JAMES GUMBO.....anaishi

langu mtaa/kijiji..KILUNGULE 'B'.....,kuanzia mwaka..2022.....

Muhuri Mtendaji

Sahihi Afisamtendaji .....

Tarehe 30/05/2025