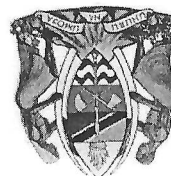


PHARMACY COUNCIL



NOTICE 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)

(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		A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL	
Name of the Pharmacy	12. Ngaru	Full Name	Dr. E. S. A. M. M.
Physical address:	Ward 12, Ngaru	Phone	01 82669
Street	Ward 12, Ngaru	Region	Ward 12, Ngaru
District/Municipal	Ward 12, Ngaru	District/Municipal	Ward 12, Ngaru
Facility Identification Number (FIN)	0102148	Facility Identification Number (FIN)	0102148

A.3. REASON(S) FOR CHANGE

A.3. REASON(S) FOR CHANGE
Owner was not able to run pharmacy business

A.4. OWNER'S DETAILS
Full Name: MUSTAFA EMAMAMUR
Remarks: I was not able to run PHARMACY business
Signature: [Signature] Date: 09/11/2023
Phone Number: 0344-673443

Time frame of notification: (As per Contract)

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

.....
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.

NOTICE 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: Negara IX

Physical address:

Street: WardDistrict/Municipal: Region

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: ALEX ANTHONY KAMUGISHAAddress: 9081 - DUM

A.3. REASON(S) FOR CHANGE

Owner want able to run pharmacy businessTime frame of notification: (As per Contract) 09/11/2023

A.4. OWNER'S DETAILS

Full Name: LUISA EMMAUELRemarks: I was not able to signSignature: 09/11/2023

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name: RegionPhysical address: RegionStreet: WardDetails of Previous pharmacy: RegionName of Pharmacy: RegionFIN: RegionDistrict/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

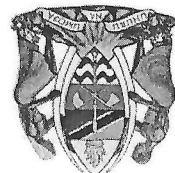
INSPECTION/REGISTRATION OR ZONAL OFFICE

Recommendations: RegionFull Name: RegionDesignation: RegionSignature: RegionDate: Region

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.



NGABO K PHARM
KIBAGA-PWA
9-11-2023

MSAJILI BARAZO LA FAMAASI
P.O. BOX 1277
DODOMA

YAH: KUSIMAMISHA BIASHARA YA
FAMAASI

Husika na Kichuzi ku babu hapa juu!
Mimi ni mwaliki wa Ngabo K- Pharmacy iliopo
Kibaha.

Kapema kukiyulisha kuwaga kutikana na
hali mbaya ya uchumi na mafuta ya kifuraha
mishinduzi kuendelea na biashara ya farasi.
Nashukuru kwa ushikiano uliompaa wakati
wa biashara hii.


Alsent Stone.



In reply please quote:

Ref. No.BC.43/311/01C/178

17th June, 2022

Director,
Ngabo Pharmacy,
P.O. Box 30112,
KIBAHIA.

RE: APPLICATION FOR REGISTRATION OF PREMISES AND PERMIT TO RUN A BUSINESS OF A PHARMACIST

The heading above is concerned.

2. I wish to inform you that, your application for registration of your premises located at Jamaica/Mukza, Kibaha in Pwani region to conduct a **Retail business of a pharmacist**, has been approved as per Section 37 (1)(a) of the Pharmacy Act, Cap. 311.

3. You are hereby directed to comply with the stipulated conditions of a pharmacist business by doing the following: -
(i) Apart from having a pharmacist as a superintendent, you shall also be required to secure the services of a full-time pharmaceutical technician or pharmaceutical assistant or pharmaceutical dispenser.
(ii) In addition to (i) above, you shall be obliged to acquire the following documents:

- Pharmacy Act, 2011 available at www.pc.go.tz
- The Pharmacy (Practice and the Conduct of Business of a Pharmacy) Regulations, 2020 available at www.pc.go.tz
- Standard Treatment Guidelines and National Essential Medicine List of 2021;
- The Tanzania Food, Drug and Cosmetics (Scheduling of Medicines Regulations) of 2015;*
- Pharmacist Duty Business Register; and
- Pharmacy Logo to be displayed at the entrance of the pharmacy.

4. Please be informed that, this letter does not represent the Premises Registration Certificate or a Business Permit.

5. You are required to collect the Certificate and Business Permit within 21 working days from the date of this letter which shall be issued upon fulfillment of the stipulated conditions and shall be handled strictly to a superintendent pharmacist.

6. I anticipate your cooperation in this matter.

Elizabeth Shekaghe
REGISTRAR

Copy: Pharmacy Council, Zonal Coordinator – Eastern Zone
TMDA – Zone Manager - Eastern Zone
Regional Medical Officer- Pwani

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

Made under Section 34 (1) of the Pharmacy Act Cap.311

FIN: 0102148

This is to certify that the premises owned by M/S Ngabo K Pharmacy of P.O. Box 30112, Kibaha Town located at Jamaica street, Mkuza - Kibaha Town Municipality/District in Pwani Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0102148

Issued in: June 2022

Expires on: 30 June 2027

DATE:

04-08-2022

CONDITIONS

1. The premises and the manner in which the business is conducted must conform to the category of pharmacist business registered
2. This certificate does not authorize the holder to sell or supply medicines, medical devices and diagnostics illegally to unlicensed premises
3. Any changes such as ownership, superintendent pharmacist, business name, physical address and location of the registered premises shall be approved by the Pharmacy Council
4. This certificate is non transferable to other premises or to any other person
5. Both certificate and business permit shall be displayed conspicuously in the registered premises



PHARMACY COUNCIL
P.O. BOX 31818, DAR ES SALAAM

AND STAMP

SIGNATURE OF REGISTRAR