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 NGABU IC. Facility Identification Number (FIN) 0102148

Physical address:

Street JAMAICA Ward MKUZA District/Municipal KIBAHA TC Region PWANI

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name IWAHA ICABANDILA PIN 01.00664 Phone 0767918184

Address DAR ES SALAAM Email Kabandukatwaha6@gmail.com

A.3. REASON(s) FOR CHANGE

OWNER WAS not able to run Pharmacy business

Time frame of notification: (As per Contract) ..... Signature ..... Date 09/11/2023

A.4. OWNER'S DETAILS

Full Name LUISSA EMMANUEL NGABO Phone Number 0744-673443

Remarks I WAS NOT ABLE TO RUN PHARMACY BUSINESS

Signature ..... Date 09/11/2023

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.

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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..... NGABO IX .....Facility Identification Number (FIN).....
Physical address:
Street.....Ward.....District/Municipal.....Region.....

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..... ALEX ANTHONY KAMUGISHA .....PIN ..OHD227.. Phone 0755856586
Address..... 9081 - DSM .....Email... Alexanthony284@gmail.com

A.3. REASON(s) FOR CHANGE

..... Owner Was Not able to run a Pharmacy Business .....
.....

Time frame of notification: (As per Contract) .....Signature.....Date 09/11/2023

A.4. OWNER'S DETAILS

Full Name..LUISSA EMMANUEL NGABO.....Phone Number..0744-673443
Remarks.....I WAS NOT ABLE TO RUN A PHARMACY BUSINESS
Signature..... Date..09/11/2023

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.

NGABO K PHARMA
KIBAHA-PWANI
9-11-2023

MSAJILI BARAZA LA FAMASI
P.O.BOX 1277
DODOMA

YAH: KUSIMAMISHA BIASHARA YA FAMASI

Husika na kichwa cha habari hapo juu.

Mimi ni mmiliki wa Ngabo K-Pharmacy iliopo Kibaha.

Napenda kukujulisha kwamba kutokana na hali mbaya ya uchumi na matatizo ya kifamilia nimeshindwa kuendelea na biashara ya famasi.

Nashukuru kwa ushirikiano ulio nipa wakati wote wa biashara hii.

Ahsante sana.

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

In reply please quote:

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

17th June, 2022

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

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;
   a) Pharmacy Act, 2011 available at *www.pc.go.tz*
   b) The Pharmacy (Pharmacy Practice and the Conduct of Business of a Pharmacy) Regulations, 2020 available at *www.pc.go.tz*
   c) Standard Treatment Guidelines and National Essential Medicine List of 2021;
   d) *The Tanzania Food, Drug and Cosmetics (Scheduling of Medicines Regulations) of 2015;*
   e) Pharmacist Duty Business Register; and
   f) 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 Shekalaghe
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***

04-08-2022

DATE:

SIGNATURE OF REGISTRAR AND STAMP

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

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*