

991620242431

PCF. 17



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

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)

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 LESHONS INVESTMENT LIMITED PHARMACY Facility Identification Number (FIN) 0102018
 Physical address:
 Street Plot No 19 MERIWA Ward IPAGALA District/Municipal DODOMA CC Region DODOMA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name MUHSINI A. LIKAMBAKO PIN 0102901 Phone 0653250535
 Address M.P.O. BOX 1249 DOM Email Likambako.muhsini@gmail.com

A.3. REASON(S) FOR CHANGE

CHANGE OF RESIDENCE FOR DODOMA TO TANZANIA

Time frame of notification: (As per Contract) 30 days Signature Muko Date 07/03/2024

A.4. OWNER'S DETAILS

Full Name LEIARE SINDA SHOO Phone Number 0717372239
 Remarks AGREED
 Signature [Signature] Date 07/03/2024

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name HERMAN J. MUAO PIN 0103281 Phone Number 0783902925 Email mgaoherman94@gmail.com
 Physical address:
 Street AMANI Ward NKUNUNGU District/Municipal DODOMA CC Region DODOMA
 Details of Previous pharmacy:
 Name of Pharmacy HERI PHARMACY FIN 0101591 District/Municipal TANGA Region TARORA

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.