NEBULA HEALTHCARE LTD

Block No. 74/3 Plot No. 3
Nyerere Road Tazara
P.O.Box 10186
Dar es Salaam
Phone: +255 658553955
Email: nebulahealthcare@yahoo.com

PHARMACY COUNCIL RECEIVED 18 MAY 2025 P.O. Box 31818, DAR ES SALAAM

2nd June 2025

REGISTRAR
PHARMACY COUNCIL
P.O BOX 1277
DODOMA

YAH:KUSITISHA BIASHARA YA DAWA KATIKA TAWI LETU LA KIBAHA MAILI MOJA PWANI

Nebula healthcare ltd inapenda kutoa taarifa katika baraza la pharmacy kuwa tunasitisha biashara ya dawa katika tawi letu la kibaha maili moja kutoka na changamoto za uwendeshaji biashara ambazo zilizoko nje ya uwezo wetu .

Tunapenda kufahamisha baraza la phamasi kuwa dawa zote ambazo zilikuwepo au zilibaki zili tolewa na kupelekwa katika matawi yetu mengine ya Mlandizi na Tazara.

Tunatanguliza shukrani zetu za dhati.

.....

Wako katika Ujenzi wa Taifa

NEBULA HEALTH CARE LIMITED P O. Box 10186 DAR ES SALAAM

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. NEBULA HEALTHCARE LTD ..Facility Identification Number (FIN).....
Physical address:
Street..MWALIKA.....Ward..MLANDIZI.....District/Municipal....KIBAHA.....Region..PWANI

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..JOSEPHAT WANGWE.....PIN .....Phone..0755871702.....
Address.....DAR ES SALAAM.....Email.....

A.3. REASON(s) FOR CHANGE

.....Josephat Wangwe has terminated contract agreement
.....between him and Nebula Healthcare Ltd pharmacy.

Time frame of notification: (As per Contract) .....Signature.....Date..24/2/2025.....

A.4. OWNER'S DETAILS

Full Name..JAPHETI KATWAZA.....Phone Number..0685921568.....
Remarks.....
Signature..Katwaza..... Date..24/2/25

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name WINSTON KATWAZA.....PIN.0944... Phone Number.0658553955 Email..katwaza@gmail.com
Physical address:
Street..MWALIKA....Ward..MLANDIZI....District/Municipal...KIBAHA.....Region..PWANI.....
Details of Previous pharmacy:
Name of Pharmacy.NEBULA HEALTHCARE LTDFIN..... District/Municipal..KIBAHA Region..PWANI.....

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.