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 KIONZO PHARMACY Facility Identification Number (FIN) 0102812

Physical address:

Street Soweto Ward Ruanda District/Municipal Mbeya cc Region Mbeya

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name ISSA MWAMBOGELA PIN D102272 Phone 0765 944 167

Address – Email –

A.3. REASON(s) FOR CHANGE

SECURED EMPLOYMENT IN MOROGORO REGION

Time frame of notification: (As per Contract) 30 days Signature [signature] Date 22/3/2025

A.4. OWNER'S DETAILS

Full Name HOSIANA KIONZO Phone Number 0753 396313

Remarks I ACKOWLEDGE THE CHANGE

Signature [signature] Date 22/03/25

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name RESTUTA GIDEON MABERY PIN 0103909 Phone Number 0656240582 Email restutagideon348@gmail.com

Physical address:

Street Soweto Ward Ruanda District/Municipal Mbeya cc Region Mbeya

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.

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... RESTUTA GIDEON MABERY PIN 01039109
2. Namba ya simu..... 0656240587 ..... barua pepe ..... restutagideon348@gmail.com
3. Tarehe ya mwisho kuhuisha jina *(Retention)*..... 20/11/2024
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. MP241204.2009. X85093 ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi..... RESTUTA GIDEON MABERY ..... mwenye taaluma ya dawa ngazi ya ..... SHAHADA ..... nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo ..... KIONZO PHARMACY ..... FIN ~~HS-526-855~~ 01028125 tililopo katika Wilaya ya ..... MBEYA ..... Mkoani ..... MBEYA MJINI .....

Sahihi ..... Tarehe 22/3/2025

Uthibitisho wa Mfamasia wa Halmashauri

Nadhibitisha kwamba mwanataaluma tajwa ni **miongoni**/ ~~**si miongoni**~~ mwa wanataaluma waliopo katika halmashauri ninayosimamia

Muhuri KNY: DMO
MGANGA MKUU WA JIJI
HALMASHAURI YA JIJI
JIJI LA MBEYA

Jina na Sahihi ..... Bertina Mwagike ..... **Tarehe** 02/04/2025

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) FADHILI-K-BENJAMIN ..... Kata ya... RUANDA .....

Nathibitisha kwamba Ndugu. RESTUTA GIDEON MABERY ..... anaishi langu mtaa/kijiji..... MKOMBOZI ....., kuanzia mwaka... 2023 .....

Muhuri Mtendaji

Sahihi Afisamtendaji .....

Tarehe 27/03/2025

AFISA MTENDAJI WA KATA YA RUANDA
2 MAR 2025
S. L. P 149
JIJI LA MBEYA

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THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL 00002628

CERTIFICATE OF FULL REGISTRATION

(Section 20 of the Pharmacy Act, CAP. 311)

Full Name ..... Restuta Gideon Mabery .....

.....

* I hereby certify that the following is a true extract from the entry in the Register relating to fully registered pharmacist details in respect of whom are set out below.

Registration		Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
PIN.	Date					
0103909	20th November, 2024	12th April, 1999	Tanzanian	P.O. Box 47 Dodoma	Bachelor of Pharmacy	St. John's University of Tanzania 2023

Date ..19th December, 2024.....

.....
REGISTRAR

NOTES: (1) This certificaate affords immediate evidence of registration. In due course the name of the Pharmacist will be published in the list of registered Pharmacist published annually by the Council and referene should thereafter be made to the current Published list for evidence as to continue registration.

(2) This Certificate is not an evidence of the identity of its holder of the named above and must not be used as such.

GP - DSM

THE UNITED REPUBLIC OF TANZANIA

PHARMACY COUNCIL

LICENSE TO PRACTICE

The Pharmacy Act

(Made under Sect.22 of The Pharmacy Act No. 1 of 2011)

I Hereby Certify that

RESTUTA GIDEON MABERY

PIN NO: 0103909

Having complied with the provision of Section 22 of The Pharmacy Act, Cap 311 is entitled to practice as a **Full Registered Pharmacist** upon the terms and subject to the conditions set forth in the aforesaid Act and its Regulations thereto.

Issued:**20 November 2024**

Expires on:**31 December 2025**

Registrar
Pharmacy Council