



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. 257)

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 SUUNDI PHARMACY Facility Identification Number (FIN) 0103057
Physical address:
Street NADUKANI Ward DUTWA District/Municipal BARIADI Region SINIYU

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name PASCAL MPWEMA MILA PIN 0192639 Phone 076448136
Address BOX 1 MINGA Email pascallusumba@gmail.com

A.3. REASON(S) FOR CHANGE

CHANGE OF RESIDENT FROM BARIADI TO JABORA.

Time frame of notification: (As per Contract) 90 days Signature [Signature] Date 01/03/2024

A.4. OWNER'S DETAILS

Full Name PETRO SINGI MAKUMU Phone Number 0754401931
Remarks From Date 01/03/2024
Signature [Signature]

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

PHARMACY COUNCIL
(Made under regulation 4(1))



COMPLAINT FORM

To be filled by the complainant and submitted to the Office of the Registrar)

1. Personal Details:

Name: PASCAL MPANGAMULA

Address: BOX 1 MKINGA - KUNGA
(Made under regulation 4(1))

Phone number (s): 0764 980 136

2. Are you the complainant? Yes ☐ No ☐

3. Are you complaining on someone else behalf? Yes ☐ No ☐

If 'Yes' what is your relationship to the someone behalf?

Wife ☐ Husband ☐ Son ☐ Daughter ☐ Sister ☐ Brother ☐ etc.

4. Details of the pharmaceutical personnel to the Office of the Registrar)

Full name of each pharmaceutical personnel you are complaining about

1. The address of each pharmaceutical personnel work at (if you know) or the address where you were attended.

Peter Singi Makungu, Box Dutuwa. This person after
notified by me to sign the change of management
he refused and wegheta until he came
was contacted with him. Ron agree to sign.

2. So this is not to submit the notification

3. for change the date of 03/07/2020. I request

your office to consider my request.

Wife ☐ Husband ☐ Son ☐ Daughter ☐ Sister ☐ Brother ☐ etc.

4. Details of the pharmaceutical personnel

Full name of each pharmaceutical personnel you are complaining about

The address of each pharmaceutical personnel work at (if you know) or the address where you were attended

5. Give details of your complaint. Please describe your complaint, and state exactly what happened and, if possible include dates, time and place of incident
 I gave the Reg. Notification for change of management and the owner of the pharmacy refused to sign it until he contacted by the Council.

6. Do you have any documents (for example, letters or records) which might back up your complaint? If you do, please attach copies and list them below. If needed, we will return all original documents after taking copies.

7. Are there any other people who witnessed the acts you are complaining about? If yes, please give their names below, and how they were involved.

8. Are those people be prepared to make written statements? Yes ☐ No ☐

9. We are always try to deal with most complaints through correspondence but, if it becomes necessary, are you prepared to be a witness at an inquiry of your complaint? Yes ☐ No ☐

10. Have you complained to any other organization about this matter (example where the pharmaceutical personnel work?). If 'Yes', please say which organization you have lodged your complaint to.

11. Give us brief details of what happened to your complaint, and send us copies of any letters between you and that organization.

12. Declaration

I hereby certify that the information I have given in this form is complete and accurate and I solemnly make this declaration, conscientiously believing the same to be true.

Name: Pascal Mpangamila

Signature: [Signature]

Date: 08/07/2024

10. Have you complained to any other organization about this matter (example where the pharmaceutical personnel work?). If 'Yes' please say which organization you have lodged your complaint to.

11. Give us brief details of what happened to your complaint, and send us copies of any letters between you and that organization.

12. Declaration

I hereby certify that the information I have given in this form is complete and accurate and I solemnly make this declaration, conscientiously believing the same to be true.

Name: