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..MYANDA PHARMACY (GOBA).....Facility Identification Number (FIN)..0103442.....
Physical address:
Street..MAKORE A.....Ward..KIGEIA (A).....District/Municipal..UBUNGO.....Region..DSM.....

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..MARIAM A. NYABITA.....PIN 0101780.....Phone..0718 462346.....
Address..KIGAMBONI, DSM.....Email.....

A.3. REASON(s) FOR CHANGE

.....
..... OWNERS DISCONTINUED WITH HER BUSINESS (CLOSED).....

Time frame of notification: (As per Contract) ..THREE month.....Signature.....Date..04 MARCH 2025.....

A.4. OWNER'S DETAILS

Full Name..SAUL MASUNGA.....
Remarks.....GOOD.....Phone Number..0712401700.....
Signature..Mgul..... Date..04/03/2025.....

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.

MSAJILI

BARAZA LA PHARMACY TANZANIA
NLT
BOX
DAR ES SALAAM

NYANDA PHARMACY
BOX
DAR ES SALAAM
~~BOX~~
04 MARCH 2025

PHARMACY COUNCIL
RECEIVED
05 MAR 2025
P.O. BOX 31818, DAR ES SALAAM

YAH: KUSITISHA/KUFUNGA HUDUMA YA PHARMACY.

Husika na kichwa tajwa hapo juu mimi mmiliki wa Pharmacy ijulikanayo kama Nyanda Pharmacy Tawi la Goba naomba kutaarifu baraza lako kuwa kutokana na kushindwa kumudu gharama za uendeshaji nimerejesha Brashua yangu ya Pharmacy na Baadhi ya dawa zilizokuwa pharmacy nimezipeleka kwenye Pharmacy yangu nyingine ijulikanayo kama Nyanda pharmacy Tawi la Tenza.

Natanguliza Shukrani yangu nikitumai Ombi langu litafanyiwa kazi.

Ndimi

S. Nyanda

04 March