

LEONATHA MATHIAS NDIRIMBO

S.L.P 475

KASUU

09/04/2025

MSAJIRI BARAZA

LA PHARMACY

S.L.P 1277

DODOMA

Ndugu:

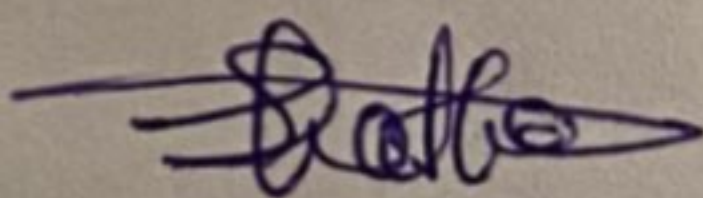
YAH! KUBADIRISHA MANAGEMENT KATIKA PHARMACY.

Rejua mada tejwa hapo juu: Mimi Leonatha Ndirimbo
mfamoria daraja la pili, ninasimamia Pharmacy inayotambulika kwa
jina Nuru Pharmacy iliyopo Mbeya Mjini.

Nimeandika barua hii kumba kuondolewa kama
mfamoria msimomizi wa Pharmacy huyo kwasababu nipo mbali
kimkoa na pia mimejaza Form ya kubadiri management lakini
mmiliki anachelewesha kusign kwenye form huyo.

Natumai ambu langu litashughulikiwa.

Wako katika ukumishi



Leonatha Ndirimbo

0748098899



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 NURU PHARMACY Facility Identification Number (FIN) 0101361

Physical address:

Street Sokomatola Ward District/Municipal MBSYA TOWN Region MBSYA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name LEONATHA NDIMBO PIN 0103075 Phone 0748093899Address P.O. BOX 3525 MBSYA Email ndimboleonatha@gmail.com

A.3. REASON(S) FOR CHANGE

Pharmacist moved to another regionTime frame of notification: (As per Contract) One month Signature [Signature] Date 04/07/2025

A.4. OWNER'S DETAILS

Full Name Phone Number

Remarks

Signature Date

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.