LEONARDA MATHIAS NDIMBO
S. L. P 475
KASULU
09/04/2025

MSAJILI BARAZA
LA PHARMACY
S. L. P 1277
DODOMA

Ndugu:

YAH: KUBADILISHA MANAGEMENT KATIKA PHARMACY.

Rejea mada tajwa hapo juu; Mimi Leonarda Ndimbo mfamasia darasa la pili, ninasimamia Pharmacy inayotembulika kwa jina Neema Pharmacy ilyopo Mbeya Mjini.

Nimeandika barua hii kuomba kuendelewa kama mfamasia msimamizi wa Pharmacy hiyo kwasababu nipo mbali kimkoa na pia mimejaza Form ya kubadili management lakini mmiliki anachelewesha kusign kwenye form hiyo.

Nakumai ombi langu litashughulikiwa.

Wako katika utumishi

Leonarda Ndimbo
0748098899

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....NURU.....PHARMACY.....Facility Identification Number (FIN)..0101361.

Physical address:

Street..Sokomatola.....Ward.....District/Municipal..MBEYA...TOWN...Region..MBEYA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name.....LEONATHA.....NDIMBO.....PIN..0103875...Phone.....0748093899.....

Address.....P.O.BOX.....3525 MBEYA.....Email.....ndimboleonatha@gmail.com

A.3. REASON(s) FOR CHANGE

.....Pharmacist moved to another region.....

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

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.