PCF. 17

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

PHARMACY COUNCIL RECEIVED 18 SEP 2025 P.O. BOX 1277, DODOMA

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 ALSTON PHARMACY Facility Identification Number (FIN) 0100145

Physical address:
Street SULULU STREET Ward MADUKANI District/Municipal DODOMA TOWN Region DODOMA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name MASANYIWA ERNEST JAMES PIN 010405 Phone 0755808953
Address P.O BOX 259 DODOMA Email JAMESMasanyiwa@gmail.com

A.3. REASON(s) FOR CHANGE

The contract we signed in June 2024 expired in June 2025 and we did not renew the contract this year, because I want to start my own pharmacy business

Time frame of notification (As per Contract) Expired contract Signature [signature] Date 02/09/2025

A.4. OWNER'S DETAILS

Full Name MWANAISHA HASSAN Phone Number 0765996969
Remarks Nimekubaliana na mfamasia, nipo mbioni kukamilisha location mpya yakusasa
Signature [signature] Date 02/09/2025 na nitaleta documents za mfamasia mpya mapema iwezekanavyo

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name FLORENT MAKONYA PIN 010387 Phone Number 0769772160 Email Kasana224@gmail.com
Physical address:
Street ILAZO Ward IPAGAEA District/Municipal DODOMA MC Region DODOMA
Details of Previous pharmacy:
Name of Pharmacy HUDUMA PHARMACY FIN ..... District/Municipal DODOMA Region DODOMA

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.